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### **COVER LETTER**

TO:	Registration Section Division of Corporation	rations	, , , , , , , , , , , , , , , , , , ,
	٠		
SUBJE	CT:	Name of Limit	ed Liability Company
		, value of Silling	
The en	closed Articles of Ar	mendment and fee(s) are subm	nitted for filing.
Please	return all correspond	dence concerning this matter to	o the following:
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			- · · · · · · · · · · · · · · · · · · ·
		576	Name of Person
			Name of Person
		5.7	LADARTE LLC
			Firm/Company
		127	H GECRER BUSH BLWA Address
			Address
		3 -	
		DECK A'	City/State and Zin Code
			Chyrodic and the cour
		ムAPさR®	o be used for future annual report notification)
For fur	ther information cor	ncerning this matter, please ca	H:
	<'75~	1 T IAN NOT	V 50 > 252 - A940
	Name of	Person	at (56) 352-6962  Area Code Daytime Telephone Number
	[ value (//		
Enclos	ed is a check for the	following amount:	
□ <b>\$</b> 2	5.00 Filing Fee	₩ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.
		Certificate of Status	Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy
			(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:
	Registration S		Registration Section
	Division of Co	`	Division of Corporations
(	P.O. Box 6327	į –	The Centre of Tallahassee
	Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
\			Tananasse, i L 52505

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability (A Florid	PORTE L ity Company as it now app a Limited Liability Compan	pears on our records:)	27 PH 6: 07
The Articles of Organization for this Limited Liability	Company were filed on		
Florida document number <u>L19000 3776</u>	<u>L</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," t	he designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	****		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on ou	r records, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	p^ _	Pl. : J	
	Enter i	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	vi Acent		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	STEFAN J LAPORTE	1274 GEORGE BUSH BLUD DELANT BOACH, FL 33483	🗹 Ádd
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		<del></del>	□Change
MGR	BARBARA E LAPORTY	DELPAY DELAH, FL 33483	[JAdd
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	•		□Change
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#### Page 2 of 3

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an effective date is list ote: If the date ins	sted, the date must be serted in this block	te of filing: specific and cannot be prior does not meet the applic rtment of State's records	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursu	ant to 605.0207 ot be listed as
e record specifi The 90th day a	ies a delayed e after the record	ffective date, but no d is filed.	ot an effective time,	at 12:01 a.m. on th	ie earlier ol
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	15	matyre of a member or auth			
	- / Les	mature of a member or auth	orized representative of a m	ember	
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			ABO TE ed name of signee		

Page 3 of 3