119000 198 624

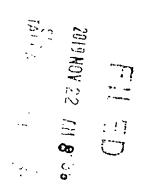
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer;

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COVER LETTER

TO:	Registration Se Division of Cor			
cum	LA FL 100	LCC		
SUBJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARCELLO GIANCOLI		
			Name of Person	
		LA FL 100 LCC		
			Firm/Company	
		4141 NW 53RD ST		
			Address	
		BOCA RATON FL 33496		
		MARCELLOGIANCOLI@	City/State and Zip Code GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
MAR	CELLO GIANCOL	.i	917 8646365 at ()	
	Name of	f Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA FL 100 LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conficing document number L19000198624	mpany were filed on AUGUST 9 2019 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe	red office address on our records, enter the name of th
egistered agent and/or the new registered office addre	ss here:
Name of New Registered Agent:	
New Registered Office Address:	(E) (C)
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVID HANNA	4141 NW 53RD ST BOCA RATON FL - 33496	
			■ Remove
			Change
MGR	MELISSA VARONE	14282 CYPRESS ISLAND COURT	
		PALM BEACH GARDENS, FL 33410	Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d NOVEMBER 19 2019 .
~ 4.0	n/joth
	Signature of a member or authorized representative of a member
	MARCELLO GIANCOLI

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00