

L23000487759
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MONEYTAX SERVICE CENTER LLC
Account Number : 120220000130
Phone : (954)870-7507
Fax Number : (954)300-3508

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: olefandra@moneytaxsvc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA RELANCE LLC

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COVER LETTER

1230004022873

TO: Registration Section
Division of Corporations

SUBJECT: LA RELANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Alejandra Ladino
Name of Person
Moneytaxs Service Center LLC
Firm/Company
4838 N University Dr
Address
Lauderhill, FL 33351
City/State and Zip Code
alejandra@moneytaxsvc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandra Ladino 305 568-5775
Name of Person Area Code Dextina Telephone Number

Enclosed is a check for the following amount:

- \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1230004022873

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H230004022873

LA RELANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company.)

The Articles of Organization for this Limited Liability Company were filed on 10/25/2013 and assigned
Florida document number L230004022873

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Roberto Cardenas, Diana M	12550 BISCAYNE BLVD SUITE 211	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33151	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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