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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LPGA	Name of Limited Liability C	One Sen	vice IIC
The enclosed Articles of Amendment an	d fee(s) are submitted for fili	ino	
Please return all correspondence concern	ning this matter to the follow	ing:	
	Ishana P	Agudelo	
	Vianna a	of Daming	
		Company 1 1 1	1
13039	35W 98411 ]	Jerrace North	1, Unit #104
	Hiami, 7	FLorida 33	186
	potrica (Jajud F-mail address: (to be us)d for	FLORIDA 33 and Zip Code LOW AMOIL. future amount report notification)	<u>com</u>
Pance of Person	udelo at A	86, 38538 ca Code Daytime Telepho	329 one Number
Enclosed is a shoot farthy fallowing an			
\$25.00 Filing Fee \$30.00 F Certifie	ate of Status Certif	Filing Fee &  Ted Copy  onal copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallabacona FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
24.15 N. Mouron Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 03 16 2004 and assigned Liability Company were filed on 03 16 2004 and assigned Liability Company were filed on 03 16 2004 and assigned Liability Company were filed on 103 16 2004 and assigned Liability Company were filed on 103 16 2004 and assigned Liability Company were filed on 103 16 2004 and assigned Liability Company were filed on 103 16 2004 and assigned Liability Company were filed on 103 16 2004 and assigned Liability Company here:

The new name must be distinguisheable and contain the words "Limited Liability Company here:

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 agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 polified in writing of this change.

City

Enter Florida street address

Florida

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

<del>Tille</del> NGR	Name Con P Asudalo	Address 1203851188th Torman hod	Type of Action
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Filing Fee: \$25.00