P04000M6983

(Requestor's Name)					
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(City	/State/Zip/Phone	e #)			
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15 AUG 20 PH 12: 47

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COVER LÈTTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: LA ROS	t. INC.			
DOCUMENT NUMB	BER:	00146983			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
-	Victoria M. KARLSEN Name of Contact Person				
	Name of Contact Person LA Rosa Ivc.				
Firm/ Company					
913 LAKE AVE Address					
LAKE WORTH FL 33460 City/ State and Zip Code					
			mi @ 9MAIL. COM notification)		
For further information concerning this matter, please call:					
Victoria Name o	M. KARLSEN	at (<u>56)</u> Area Co	260 4036 779 - 4053 de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mail	ling Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

FLETO SEGRETALY OF STAME DIVISION OF HEISTONS

	of	15 AUG 20 PM 12: 47
	LA KOSA, LHC.	
(Name of Corporat	ion as currently filed with the Florida Dept.	. of State)
	04000146983	
(Docui	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	la Statutes, this Florida Profit Corporation ad-	opts the following amendment(s)
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional corpora	
3. Enter new principal office address, if applicabl		
Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
Enter new mailing address, if applicable:	240	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	<u></u>
·		
D. If amending the registered agent and/or registe		ne of the
new registered agent and/or the new registered	l office address:	
Name of New Registered Agent		<u>.</u>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
N. D. State of Assessing Constant of Contracting De-	other and America	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations	s of the position.
Sign	nature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_5_	MARIA E. FLORES	913 LAKE AVENUE LAKE WORTH, FL 33460
_ X _ Add			LAKE WORTH, FL
Remove			33460
2) Change	<u> </u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	ange(s) here:			
					
				.	
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					- · · ·
			<u>-</u>		
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f an amendment provides for an exc provisions for implementing the am	hange, reclassi endment if not	<u>tication, or ca</u> contained in t	ncellation of is he amendment	sued shares, itself:	
(if not applicable, indicate N/A)					
				· · · · · · · · · · · · · · · · · · ·	
	to-th-1-Add				

The date of each amendment(s) adoption: date this document was signed.	AVGUST	14,2015	F.E. Segre IAR Olyisiyo of O	if other than the
Effective date if applicable:	(no more than 90 d	lays after amendment file date)		
Note: If the date inserted in this block does r document's effective date on the Department of		le statutory tiling requirement	s, this date will no	ot be listed as the
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		umber of votes cast for the ame	endment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	ndment(s) was/were s	sufficient for approval		
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(vo	ting group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of directors wi	ithout shareholder action and si	hareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators withou	t shareholder action and sharel	nolder	
Dated Avensi	,			
Signature <u>Jule</u>	ma ma	otines		
		- if directors or officers have ands of a receiver, trustee, or of		
	orporator – If in the in y by that fiduciary)	ands of a receiver, trustee, or c	other court	
		. /		
		· KARLSEH		
	(Typed or printed na	me of person signing)		
	PROGIDEL	/T		
	PRESIDEL (Title of	person signing)		