

# 01/2682 08-25 595 P. 00 005  
**L06000046782**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000268767 3)))



H140002687673\*BC8

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

2014 NOV 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LOPEZ & FIGUERAS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALLY  
EXAMINER  
NOV 21 2014



November 20, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LOPEZ & FIGUERAS, LLC  
2600 DOUGLAS ROAD  
SUITE 811  
CORAL GABLES, FL 33134

SUBJECT: LOPEZ & FIGUERAS, LLC  
REF: L06000046782

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted is on a corporation form. Please use a LLC amendment form and resubmit.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H14000268767  
Letter Number: 814A00024674

RECEIVED  
14 NOV 20 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

H14000268767

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lopez & Faneiras, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2014 NOV 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number: LO0000042702

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 end with 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

H14000268767

H14000268767

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
P.	LOUIS FIGUEROA	21000 Douglas road	<input type="checkbox"/> Add
		suite 811	<input checked="" type="checkbox"/> Remove
		Coral Gables FL 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

NOV 20 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H14000268767

H14000268767

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---



---



---



---



---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/20/14

*V Lopez*  
 Signature of a member or authorized representative of a member  
Valentin Lopez  
 Type or print name of signee.

2014 NOV 20 AM 8:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

H14000268767