

L13000109563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

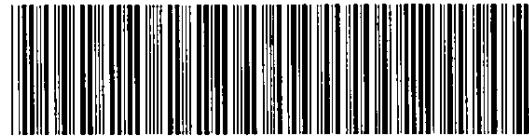
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
2017 JUL -5 PM 1:00

N. CAUSSEAU

JUL 6 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LOIS CAPITAL GROUP, 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:

DAVID OSORIO  
Name of Person

LOIS CAPITAL GROUP, LLC  
Firm Company

1390 BRICKELL AV # 200  
Address

MIAMI, FL 33131  
City, State and Zip Code

LOISCAPITALGROUP@YAHOO.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID OSORIO at 786, 267-7053  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

SEE LETTER

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2601 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2017

DAVID OSORIO  
1390 BRICKELL AVENUE #200  
MIAMI, FL 33131

SUBJECT: LOIS CAPITAL GROUP, LLC  
Ref. Number: L13000109563

We have received your document for LOIS CAPITAL GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is for a corporation NOT an LLC.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 417A00012290

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LOIS CAPITAL GROUP, 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 08/02/2013 and assigned  
Florida document number L13000109563

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)

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DIVISION OF CORPORATIONS  
2013 JUL 15 PM 1:00

**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

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> | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|-------------|------------------|--|
| HGR          | JORGE LLUCH | 1390 BRUCELL AVE | <input type="checkbox"/> Add               |
|              |             | SUITE 200        | <input checked="" type="checkbox"/> Remove |
|              |             | MIAMI FL 33131   | <input type="checkbox"/> Change            |
|              |             |                  | <input type="checkbox"/> Add               |
|              |             |                  | <input type="checkbox"/> Remove            |
|              |             |                  | <input type="checkbox"/> Change            |
|              |             |                  | <input type="checkbox"/> Add               |
|              |             |                  | <input type="checkbox"/> Remove            |
|              |             |                  | <input type="checkbox"/> Change            |
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|              |             |                  | <input type="checkbox"/> Remove            |
|              |             |                  | <input type="checkbox"/> Change            |
|              |             |                  | <input type="checkbox"/> Add               |
|              |             |                  | <input type="checkbox"/> Remove            |
|              |             |                  | <input type="checkbox"/> Change            |

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2017 JUL -5 PM 3:00

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

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DIVISION OF CORPORATION  
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**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(d) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

JUNE 30, 2017

Signature of a member or authorized representative of a member

DAVID OSORIO

Typed or printed name of signee