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## **COVER LETTER**

TO:	Registration Sec Division of Corp		·			
SUBJEC		MMERCIAL, LLC				
300312	~1·	Name of Lim	ited Liability Company			
		mendment and fee(s) are sub	-			
		GILBERT ARISMENDI				
			Name of Person			
		LEFAB COMMERCIAL,	LLC			
		<del></del>	Firm/Company			
		1825 Ponce De Leon Blvd	. Suite 76		, <u>'D</u>	υį
			Address	<del></del>	16 OCT	
		Coral Gables, FL 33134			CT 20	CENTER TO CONTR
			City/State and Zip Code		0	:: :::::::::::::::::::::::::::::::::::
		GILBERT@PALETASMO			PM	
		E-mail address: (	to be used for future annual report notifi	cation)	5: 03	
For furth	ner information con	ncerning this matter, please c	all:		ယ်	3
GILBE	RT ARISMENDI	,	561 779-0577			
	Name of	Person	Area Code Daytime	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 Sta Certified Copy (additional copy is e	atus &	
	MAILT	NG A DDRFSS.	STREET/COURSE	TR ADDRESS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEFAB COMMERCIAL, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	iability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	76 Miracle Mile	
(Principal office address MUST BE A STREE	ET ADDRESS)	Coral Gables, FL 33134	5 25
·			品配
			158
Enter new mailing address, if applicable:		1825 Ponce De Leon Blvd. Suite 76	<u> </u>
(Mailing address MAY BE A POST OFFICE	(ROX)	Coral Gables, FL 33134	2: 10.
Transfer water cost 1711 2 2 2 1 1 0 0 1 0 1 1 1 1 1 1 1 1 1 1	20.0		3 3
			Tybey (
B. If amending the registered agent and	•		the name of the no
registered agent and/or the new registered of	omce address ner	<u>e</u> :	
Name of New Registered Agent:	GILBERT ARI	ISMENDI	
New Registered Office Address:	76 Miracle Mil	e	
		Enter Florida street address	
	Coral Gables	Florida <sup>331</sup>	34

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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Filing Fee: \$25.00