

L21000194389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

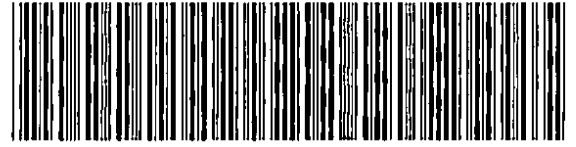
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FILED
24 JAN 23 AM 11:42
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LOBOFADE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARA DOPICO ROJAS
Name of Person

LOBOFADE LLC
Firm/Company

3873 CHEROKEE AVE
Address

WEST PALM BEACH, FL 33409
City/State and Zip Code

mariseloli@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAZARA DOPICO ROJAS at (561) 9005710
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 Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
24 JAN 23 4:11:42
TALLAHASSEE, FLORIDA

LOBOFADE 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 04/27/2021 and assigned Florida document number L21000194389.

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:

2402 N DIXIE HWY SUITE 3

(Principal office address MUST BE A STREET ADDRESS)

LAKE WORTH, FL 33460

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:

LAZARA DOPICO ROJAS

New Registered Office Address:

3873 CHEROKEE AVE

Enter Florida street address

WEST PALM BEACH

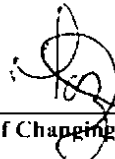
City

, Florida 33409

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>
AMBR/M	Ronay Raul Suarez Dopico	2657 SAGINAW AVE UNIT B	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr/ambr	LAZARA DOPICO ROJAS	3873 CHEROKEE AVE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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