MHADOOUSTO

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	es Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



400289182884

08/22/16--01016--008 **25.00

FILED 200 22 P S 15/ SECRETARY OF STATE

> S Warren AUG 2 3 2016

COVER LETTER

Division of Corporations
SUBJECT: Lorester Retail Mome For LCC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Lone str Retail More Ful, LCC Firm/Company
9415 Sunset Drive # 274 Address
M(cm, 33173) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 740 - 1516 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Exclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida D	epartment of		
State: Lowstar Retai	1 Drane Fo	inf , 1	clc	
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited lia	bility company is:	70000	7870	<u>ک</u>
3. Jurisdiction of its organization:	ouisions			
4. Date authorized to do business in Florida:	7/10/14			
SECTION II (5-9 complete only the applicable c	hanges)			
5. New name of the limited liability company: (must	contain "Limited Liability Com	pany, " "L.L.C	C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	aging members adopting the alt	usiness in Flor ernate name. T	The alternate na	a ime
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		enter the nam	ne of the new	Secretaria de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d
Name of New Registered Agent:			<u> </u>	m
New Registered Office Address:			<u> </u>	
	Enter Florida	Street Addres	8a -	
	City	, Florida _	Zip Code	
	vary.	•	inp com	

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.

	nent changes the jurisdiction of organization	· · · · · · · · · · · · · · · · · · ·	ute that change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
MGR	Ileana Davide	9415 Sunset Das Suite 274	VC Add
		Miami, FL. 33	
MGR	Cristina Parra	9415 Suset De	<u>\u</u> Add
		9415 Surset Dr. Suite 274 Miam, PL-331	73 Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
aforemention	Ileana Da	he official having custody of records	TILED 7018 1915 22 P
	Filing F	ee: \$25.00	S: 15