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# **COVER LETTER**

TO: Registration Sec Division of Corp		<i>y</i> • <b>₩</b>	*
SUBJECT: Z, O	Name of Limi	ted Liability Company	cesILC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Oswaldo Jo 310 19th	Name of Person Firm/Company  Address  City/State and Zip Code	
•	E-mail address: (1	o be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca		nearon)
Dawaldo Name of	Person	at ( <u>そろ</u> な) ちカコ Area Code Daytim	e 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/COURIER ADDRESS:** Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 16, 2015 and assigned Florida document number L 150000 AbAT 4. 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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
MGR	Dowaldo Toribio	310 19th St. NW	🗗 Add
		Naples, Fl 34120	☐ Remove
			☐ Change
AMBR ,	Luan Toribio	310 19th 5t. NW	☑ Add
		Naples, Fl 3A120	☐ Remove
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursua tatutory filing requirements, this date will no	ant to 605.02 of be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on th	e earlier
ted September 22, 2015.		
Signature of a member or authorized	representative of a member	

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Filing Fee: \$25.00