

L16 0000 27876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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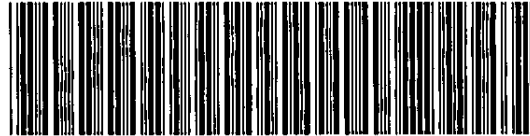
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 06 2016  
J. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8112 Los Pinos Cir, 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:

Alejandro Rodriguez  
Name of Person

\_\_\_\_\_  
Firm/Company

8112 Los Pinos Cir  
Address

Coral Gables FL 33143  
City/State and Zip Code

scfunds LLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Rodriguez at ( 786 ) 462 3142.  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
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**TO  
ARTICLES OF ORGANIZATION  
OF**

8112 Los Pinos Cir, 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 02/09/16 and assigned Florida document number L16000027876.

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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Alejandro Rodriguez

New Registered Office Address:

8112 Los Pinos Cir

Enter Florida street address

Coral Gables

Florida

City

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382143  
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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|---------------------|-----------------------|--|
| MGR          | Alejandro Rodriguez | 8112 Los Pinos cr     | <input checked="" type="checkbox"/> Add    |
|              |                     | Coral Gables FL 33143 | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |
| MGR          | David Carrion       | 8112 Los Pinos cr     | <input type="checkbox"/> Add               |
|              |                     | Coral Gables FL 33143 | <input checked="" type="checkbox"/> Remove |
|              |                     |                       | <input type="checkbox"/> Change            |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |
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|              |                     |                       | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |

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Multiple horizontal lines for text entry.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If 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 06/30/16

*David Carrion*

Signature of a member or authorized representative of a member

David Carrion

Typed or printed name of signee

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