L17000001826

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D. SCOTT JAN 3 0 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2017

YESMARY CINTRON-LOPEZ 3321 WHITESTONE CIRC UNIT 208 KISSIMMEE, FL 34741

SUBJECT: 158 ENTERPRISES LLC

Ref. Number: L17000001826

2017 JAN 26 PM 2: 45

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We have received your document for 158 ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 217A00001043

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	Estas auras 11	LC.		
SUBJECT: /30	Enterprises La	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	,	_		
	Yesmary	Cintron Name of Person		
	_			
	IS8 Ent	Firm/Company		
		Firm/Company		
	3321 Whi	testone Cir. i	init 208	
		Address		
	Kissimme	PL 34741		
	7(103)111111	City/State and Zip Code		
	yescintron	@ qmail.com)	
	E-mail address: (to be used for future annual report	notification)	
For further information c	oncerning this matter, please ca	all:		三部 二
Yesmary C	Yescintron E-mail address: (i concerning this matter, please ca contron f Person The following amount: \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	at (407) 40	5 2157	福台工
Name o	f Person	Area Code Da	ytime Telephone Number	72000000000000000000000000000000000000
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee.& Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (of Status &
	ING ADDRESS: ation Section	STREET/CO Registration Se	URIER ADDRESS:	
Divisio	n of Corporations	Division of Co	rporations	
	ox 6327 assee, FL 32314	Cliston Buildir 2661 Executiv	ng e Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

158 Enterprise	es, LLC	
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 17 000001826</u> .	oany were filed on $01/03/2017$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
is 8 Enterprises LLC The new name must be distinguishable and contain the words "Limited L	·	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LI.C" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		70 -
New Registered Office Address:		Fig 0
	Enter Florida street address , Florid a	- 3 - 3 - 3 - 5
	City	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>	Address	Type of Action
	 		Add
			□ Remove
			Change
			☐ Add
			Remove
			☐ Change
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ffective date is li	ther than the date of fil sted, the date must be specific	and cannot be prior to d	ate of filing or more th	(optional) an 90 days after filing.)	Pursuant to 605.
	serted in this block does no e date on the Department o		statutory filing req	uirements, this date	will not be liste
	- date on the Department o	Braine Breezeway.			
ecord specifi	ies a delayed effective	e date, but not a	n effective time	. at 12:01 a.m. o	on the earlie
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	Signature of	f a member or authorize	ed representative of a	nember	
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Page 3 of 3

Filing Fee: \$25.00