

# L07000092823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

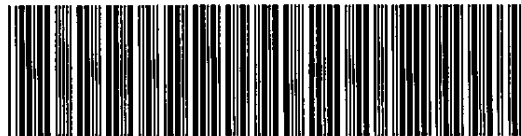
(Business Entity Name)

(Document Number)

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2015 MAR 13 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR - 2 2015

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LOUJOR, 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:

JORGE F. ITUARTE

Name of Person

Firm/Company

113 VILABELLA DRIVE

Address

ISLAMORADA, FLORIDA 33036

City/State and Zip Code

J1.INBOX@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE F. ITUARTE

Name of Person

at 305

Area Code

684-3966

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**LOUJOR, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on September 11, 2007 and assigned Florida document number L07000092823

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

113 Villabella Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Islamorada, Florida 33036

**Enter new mailing address, if applicable:**

113 Villabella Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

Islamorada, Florida 33036

**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:**

Paul M. Cowan, P.A.

**New Registered Office Address:**

17345 South Dixie Highway

Enter Florida street address

Palmetto Bay

, Florida 33036

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Aurelio A. Ituarte	Trustee of the Ituarte Family Trust	<input type="checkbox"/> Add
		5725 Marius Street	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33146	
MGR	Margarita R. Ituarte	Trustee of the Ituarte Family Trust	<input type="checkbox"/> Add
		5725 Marius Street	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33146	
MGR	JORGE F. ITUARTE	Trustee of the Jorge Ituarte Trust	<input checked="" type="checkbox"/> Add
		113 Villabella Drive	<input type="checkbox"/> Remove
		Islamorada, Florida 33036	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 10<sup>th</sup>, 2015.



Signature of a member or authorized representative of a member

JORGE F. ITUARTE

Typed or printed name of signee

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Filing Fee: \$25.00

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