

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	·····
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900278663359

11/03/15--01025--003 **55.00

FILED
SORE STATE
SORE SORE THE STATE
SORE SORE THE STATE
SORE SORE THE SORE

NOV 0 4 2015

S. YOUNG

COVER LETTER

	istration Secti ision of Corpo				
SUBJECT:		ETOS LLC Name of Lim	- ited Liability Company		
The enclosed	Articles of An	nendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		MERC	EDES DESIO Name of Person	 	
		Ет	S <u>iC</u> Firm/Company		
		325	Firm/Company LEXINGTON AV Address YORW, NY 1 City/State and Zip Code ETOSNYC, CONto be used for future annual report notificall:	E, 10D 50	्टा १ हुँ न
		NEW	YORW, NY 1	0016	1 6 F
		INFO(e ETOSNYC, COM	1	
For further in	formation con	E-mail address: (cerning this matter, please ca	to be used for future annual report notif	ication)	¥ 5
MER	CEDES		at (212) 673 Area Code Daytime		
	Name of Po	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &

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

ETOS L		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 01/23/20	2008 and assigned
Florida document number <u>L 080 000 8500</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
ETOS / VILLALOBOS	DESIO LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		5 : 7 (7)
		1 75 71
	325 LEXING	TON ATTOO IT
Enter new mailing address, if applicable:		TON AVE
(Mailing address MAY BE A POST OFFICE BOX)	#10D	<u>~~~</u>
	NEW YORK	, N 9 1:00 1:6
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
		orida
	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 = N $AMBR = N$	Anager . Authorized Member		
<u>Title</u>	Name	Address	Type of Action
·			□ Add
			☐ Remove
			□ Add
			☐ Remove
			Change
			Add T
			ب Remove پ
***			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			
			□ Remove
			☐ Change

·					
					
		·		· 	<u>-</u>
				····	
				· · · · · · · · · · · · · · · · · · ·	
					7-17 01
			· · · · · · · · · · · · · · · · · · ·		
					in w
					83 0
ective date, if other than	the date of filin	ig:		(option	
neffective date is listed, the date	e must be specific an	d cannot be prior	to date of filing or m	ore than 90 days after fi	ling.) Pursúant to 605.020'
te: If the date inserted in the cument's effective date on the				g requirements, this o	late will not be listed as
amont 5 offconve date off th	ne Deparament Of	saic s iccords.			
record specifies a dela The 90th day after the	ayed effective (date, but no	t an effective t	ime, at 12:01 a.	m. on the earlier o
THE SOUTH WAY BILL LINE	record is filed.	•			
	4.0	1015			
_	11 1/	, 2015	•		
ted <u>OCTOBE</u> R	. 22	,			
_		10			
_		10	prized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00