## LD8000017497

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<b>≥</b> #)
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## **COVER LETTER**

TO:

Registration Section

Division of C	porations			
COMO				
SUBJECT: COMO				
	(Name of Lin	nited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresi	ondence concerning this matte	r to the following:		
	Discourse doi: Office and the state of the s	to all tollowing.		
	Ronald Peter Roma	n. Esa.		
(Name of Person)				
		,		
	Ronald Peter Roma	n. P. A.	•	
		(Firm/Company)	<del></del>	
	8306 Mills Drive, #6	99		
	OCCUTATION DATES, INC.	(Address)		
		(1100000)		
	Miami, FL 33183			
	Wilestin, 1 E 33 103	(City/State and Zip Code)	<del></del>	
		(Chyrolaic and Zip Code)		
For further information	concerning this matter, please of	call:		
Ronald Peter Ron	nan	at (305) 279-5180		
(Name of Person) (Area Code & Daytime Telephone Number)		Telephone Number)		
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
T OES.OUT MANEET CO	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
	ING ADDRESS:	STREET/COURIER	ADDRESS:	
	ration Section	Registration Section		
	on of Corporations ox 6327	Division of Corporation Clifton Building	ons	
	assec. FL 32314	2661 Executive Cente	r Circle	

Tallahassee, FL 32301

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SECRETARY OF STATE TALLAHASSEE FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Name of the Limited)	COMOBAR, LLC		
	(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organi	zation for this Limited Lia	ability Company were filed on February 18, 2008	and assigned	
Florida document num	ber <u>L08000017497</u>	·		
This amendment is sub	mitted to amend the follow	wing:		
A. If amending name	enter the new name of	the limited liability company here:		
The new name must be c "L.L.C."	listinguishable and end with	the words "Limited Liability Company," the designation "L	,LC" or the abbreviation	
D 70 U				
	registered agent and/or or the new registered off	r registered office address on our records, <u>enter t</u> ice address here:	he name of the ne	
Name of New	Registered Agent:			
New Register	ed Office Address:			
		(Enter Florida street add	(Enter Florida street address)	
		, Florida		
		(City)	(Zip Code)	
New Registered Agent's	Signature, if changing Re	ezistered Agent:	•	
the provisions of all saccept the obligations	atutes relative to the pro of my position as regist	agent and agree to act in this capacity. I further agroper and complete performance of my duties, and I attered agent as provided for in Chapter 608, F.S. Or, egistered office address, I hereby confirm that the lim	m familiar with and if this document is	
	ified in writing of this c		•	
		(If Changing Registered Agent, Signature of New Re	gistered Agent)	

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Name** Address -Type of Action MGMR 168 NE 24 Street Juan Lorenzo ☐ Add Mlami\_FL 33137 Remove Cornobar 2000, Inc. MGMR Attn: Juan Lorenzo, Vice President 168 NE 24 Street ☐ Remove Remove □Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 21 2008 Signature of a member or authorized representative of a member Juan Lórenzo Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00