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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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K. SALY \$EP - 6 2017

COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT:	Dez 22 20d	Speed LL	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
		J. Lopez S	Se.
	Soper d	Steer / Sign/Company	116
	5366 E. a	Longboat Blus	Í.
	TAMPA, FJ	Oxida 336/5 City/State and Zip Code	<u>-</u>
	AU-fo-FRANZ E-mail address: (to	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca		
	T / 2 - 50	. タ.3、 フ/3・	· 0909
Name of	Person	at $(8/3)$ $7/3$ Area Code Daytime	Telephone Number
Enclosed is a check for th			
S25.00 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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations
		Tallahassee, FL 32	301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTI	CDES OF MINIBARD COLUMN	•
	ТО	1711
ARTIC	LES OF ORGANIZATION	201
	OF	WITSEP
(Name of the Limited	Liability Company as it now appears on our reco	2077
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on 03/26	5/2008 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our reco ce address here:	rds, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	CESAR J. Lope 5306 E. Longto	z SR. at Blud.
The state of the s	Enter Floridadtreet ad	Herida 336/5

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Address</u> **Type of Action Name** AMBR CESAR DANIEL LOSEL 10712 Dowey Ave. Add TAMPS FL. 33615 _ Remove AMBR GODES Tose LOUZE C. 5306 E. Lossfort Blud. BAdd TAI-19A F-L. 33615 - Remove ☐ Change AMBR EZIOJOSE LOPEZC. 5306 E. LONGBOOK Blud. BAND TAMBA, FL. 336/5 DRemove □ Change ☐ Add ☐ Change ☐ Remove _□ Change

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ective date, if	other than the date listed, the date must be sp	of filing:	prior to date of filing	or more than 90 days	optional) : after filing.) Pursuar	n to 605.02
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Page 3 of 3

Filing Fee: \$25.00



August 28, 2017

LOPEZ-22ND STREET, LLC 5306 E LONGBOAT BLVD TAMPA, FL 33615

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SUBJECT: LOPEZ-22ND STREET, LLC

Ref. Number: L08000030127

We have received your document for LOPEZ-22ND STREET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed are the missing pages for your convenience. Please complete and return to our office.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 817A00017683