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To:

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From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number: I20000000083 : (305)932~6262

Fax Number : (305)933~9393

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALFA LOBOS INVESTMENTS LLC

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## COVER LETTER

TO:

Registration Section
Division of Corporations

LIBLECT. ALFA LOBOS INVESTMENTS 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

,,305,932-6262

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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☐ \$60,00 Filing Fee,
Certificate of Status &
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(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

FILED

2015 JUN-9 AM 9: 37

TALL AHASSEE. FLORIDA

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link) (A Florid	lity Commany as it now appears on out to Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability ( Florida document number L09000013532	Company were filed on 02/10/2	009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new nume must be distinguishable and end with the words "L	imited Liability Company," the designal	ion "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our r ress here:	ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	- Alexander - Alex	FloridaZip Code
	Clay	ZIP Code

New Registered Agent's Signature, If changing Registered Agent:

ALFA LOBOS INVESTMENTS LLC

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 abligations 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 Title Address ' Name Type of Action **MGR** 1945 S OCEAN DRIVE #1202 CARDONER, MARCELO RSR HALLANDALE, FL 33009 Remove MGR SILVIA ADRIANA YANNARELLA DE CARDONER 1945 S OCEAN DRIVE #1202 HALLANDALE, FL 33009 Remove TINA MIAMI, LLC MGR 1201 ORANGE ST., STE 600 ONE COMMERCE CENTER WILMINGTON DE 19899 \_ 🛛 Remove

D. Wannending any other	informating, enter ch	onge(a) hores (dicor) and	tional shows, i	ANTENDO V
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