

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305) 932-6262  
Fax Number : (305) 933-9393

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
ALFA LOBOS INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 JUN 15 AM 7:41

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
15 JUN 15 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2015

J. SMIVERS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALFA LOBOS INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/10/2009 and assigned  
Florida document number L09000013532

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

SERBER & ASSOCIATES P.A

New Registered Office Address:

2875 NE 191 street suite 801

Enter Florida street address

AVENTURA

City

Florida 33180

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

1. If amending, attach information, with change of name, address, or other pertinent information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If executed at other than the date of filing, state the date of execution, place of execution, and the name of the person or persons who executed the same, and the name of the person or persons who filed the same with the Clerk of the Court.

Date 6/12/15

  
CARDONER MARCELO

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JUN 15 AM 7:51  
CLERK OF STATE  
TALLAHASSEE FLORIDA