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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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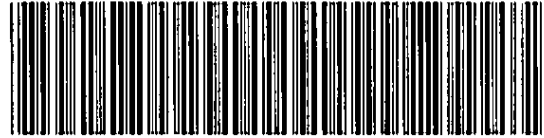
(Business Entity Name)

(Document Number)

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SACRAMENTO STATE
FALLMUSSEE, FLORIDA

K SALLY
OCT - 1 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Corporacion Los Paisas, 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:

Stella Suarez-Rita, Esq.

Name of Person

Law Office of Stella Suarez-Rita

Firm/Company

12783 W. Forest Hill Blvd, Suite 9-A

Address

Wellington, FL 33414

City/State and Zip Code

srita@ritalaw.us

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

For further information concerning this matter, please call:

Stella Suarez-Rita

561 586-5883
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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**

Corporacion Los Paisas, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2009 and assigned
Florida document number 1.09000054300.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8760 Placid Terrace

(Principal office address MUST BE A STREET ADDRESS)

Lake Worth, FL 33467

Enter new mailing address, if applicable:

8760 Placid Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Lake Worth, FL 33467

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:

Patricia Lenis

New Registered Office Address:

8760 Placid Terrace

Enter Florida street address

Lake Worth

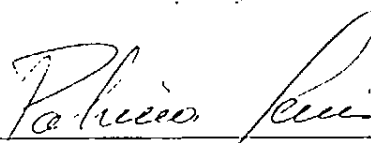
Florida 33467

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 = Manager
AMBR = Authorized Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Fabio Zuluaga	8365 Huntsman Place	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Juan J. Jimenez	8760 Placid Terrace	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Patricia Lenis	8760 Placid Terrace	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Guillermo Mejia	22300 Timberly Drive	<input type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Patricia Mejia	22300 Timberly Drive	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gustabo Zapata	11640 Spring Flower	<input type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

Type of Action	Title	Name	Address
1. <input type="checkbox"/> Change	<u>MGRM</u>	<u>Luz Maria Zapata</u>	<u>11640 Spring Flower</u>
<input checked="" type="checkbox"/> Add			<u>Boca Raton, FL 33428</u>
<input type="checkbox"/> Remove			<u></u>

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

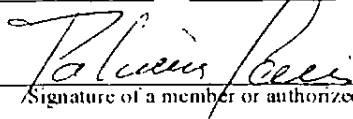
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 17, 2018


Signature of a member or authorized representative of a member

Manager Member
Typed or printed name of signee