## L160000 05216

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JUN 23 2015

J SHIVERS

## **COVER LETTER**

	Registration Sec Division of Corp		, , , , , , , , , , , , , , , , , , ,	
SUBJEC		) I SERVICES LLC		
SUBJEC	.1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		RUBEN D. TORO		÷
			Name of Person	***
		RUBEN TORO P.A.		
		Firm/Company 7901 KINGSPOINTE PKWY STE. 31		
		•	Address	<del>.</del>
		ORLANDO FL 32819	•	
			City/State and Zip Code	
		rubentorocpa@hotmail.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Ruben D	O. Toro		407 370-6445	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

AFFATATO 1 SERVICES 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 01/14/2010 \_\_\_\_ and assigned Florida document number L10000005216 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 "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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

Title	<u>Name</u>	Address	Type of Action
MGRM	FRANCISCO AFFATATO	1202 LATTIMORE DR.	Add
		CLERMONT FL 34711	■ Remove
AMBR	FRANCISCO AFFATATO	1202 LATTIMORE DR.	Add
		CLERMONT FL 34711	Remove
			Change
MGRM	OLGA MENDOZA DE AFFATAT	1202 LATTIMORE DR.	Add
		CLERMONT FL 34711	■ Remove
			Change
AMBR	OLGA MENDOZA DE AFFATAT	1202 LATTIMORE DR.	■ Add
		CLERMONT FL 34711	Remove
			15 Change 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			Add Remove
			Remove  Signature  Change
			☐ Add
			Remove
			□ Change

·	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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T360	75 <b>35</b>
(If an effect Note: If	date, if other than the date of filing:
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the recorb) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	715 2015
	* This is
	Signature of a member or authorized representative of a member
	Francisco Affatato
	Francisco Affatato Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00