

L10000018718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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12 FEB 10 AM 8:20

RECEIVED  
STATE OF OHIO  
DEPARTMENT OF REVENUE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Diego Bertran, LLC  
Name of Limited Liability Company**

RECEIVED  
REGISTRATION SECTION  
12 FEB 10 AM 8:20

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl E. Loeffler  
Name of Person  
Firm/Company  
6852 Whitman Court  
Address  
Sarasota, FL 34243  
City/State and Zip Code  
cmloeffler@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl E. Loeffler at ( 941 ) 730-3174  
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

FILED  
STATE SECRETARY OF STATE  
12 FEB 10 AM 8:20

Diego Bertran, 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 February 18, 2010 and assigned Florida document number L10000018718.

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 "L.L.C."

Enter new principal offices address, if applicable:

7282 55th Avenue East PMB 195

**(Principal office address MUST BE A STREET ADDRESS)**

Bradenton, FL 34203

Enter new mailing address, if applicable:

7282 55th Avenue East PMB 195

**(Mailing address MAY BE A POST OFFICE BOX)**

Bradenton, FL 34203

**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:

Carl E. Loeffler

New Registered Office Address:

6852 Whitman Court

*Enter Florida street address*

Sarasota

Florida

34243

*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 608, 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.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Drew Loeffler	7252 55th Avenue East PMB 195 Sarasota FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kyle Loeffler	7252 55th Avenue Esat PMB 195 Sarasota, FL 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Diego Bertran, Trustee	250 West Park Drive, Suite 103 Miami, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 1, 2012

*Kyle Loeffler*

Signature of a member or authorized representative of a member

Kyle Loeffler

Typed or printed name of signee