

L10000051125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

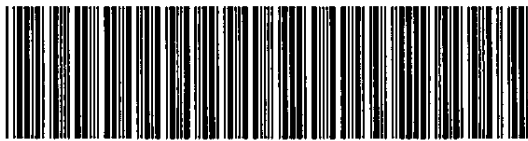
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC -7 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -9 2016

LAW OFFICES OF
RAUL G. MENDOZA, P.A.
2600 DOUGLAS ROAD, SUITE 400
CORAL GABLES, FLORIDA 33134

TELEPHONE: (305) 448-9002

VIA Fed-EX
EXTREMELY RUSH

December 6, 2016

Amendment Section
DIVISION OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
TALLAHASSEE, FL 32301

RE: Amendments to the title of existing Managers Members to each a MANAGER

Dear Madam or Sir:

We are aware of how busy you are this week. But we need to request a big favor from you that will be greatly appreciated.

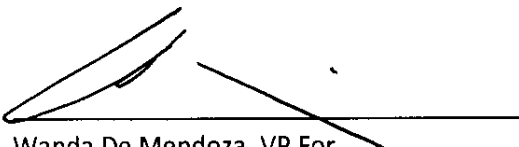
The attached amendment needs to be processed by no later than Friday's or at least that the the Effective date of the instrument shall be December 5 or no later than December 11, 2016.

We have a closing on Monday December 12, and all of the 3 Managers, shall be changed from MGRM to Manager or MGR ONLY. See attached amendment.

If you can do this RUSH request it will be greatly appreciated!

Happy holidays!

Sincerely,



Wanda De Mendoza, VP For
Raul G. Mendoza, Esquire

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OBELO 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:

Antonio J. Altieri

Name of Person

c/o Raul G.Mendoza, Esquire

Firm/Company

2600 S. Douglas Road Suite 400

Address

Coral Gables, Florida 33134

City/State and Zip Code

a.altieri52@gmail.com

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

For further information concerning this matter, please call:

Raul G. Mendoza, P.A.

305 448-9002
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

FILED

2016 DEC -7 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OBELO 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 5/12/2010 and assigned
Florida document number 80-0599073 L10000051125

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:

(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

_____, Florida _____

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>
MGR	Antonio J. Altieri		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Graciela Rosa Restagno		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Deborah M. Altieri		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: December 5, 2016 (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 December 5, 2016

Signature of a member or authorized representative of a member

Antonio J. Altieri

Typed or printed name of signee