# LIOCCOLO 1590

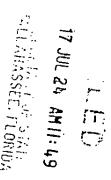
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# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	LOS Carros Name of Lim	LLC <sup>2</sup> ited Liability Company	· ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniela	Reyes Name of Person	
	corporate s	Services Interner	tional Consulting Browp
	290 NW	165 St. PH5 - W	<u> </u>
	<u>Miami</u> f	City/State and Zip Code	
·	E-mail address: (1	to be used for future annual report notif	<u>remana</u> gement. com
For further information	concerning this matter, please ca		•
Daniela R	CYCS of Person	at ( <u>305</u> ) 45 <u>4 -</u> Area Code Daytime	e Telephone Number
Enclosed is a check for t	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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000062590</u> .	were filed on <u>6 - ) (</u>	O·10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
U/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>NJA</u>	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	77
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the flame of the new
Name of New Registered Agent:	N/A	<del></del>
New Registered Office Address:		
	Enter Florida stree	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Fernando Cantini	290 NW 165 St. PHS-A	<b> 154.</b> Add
		<u>Miami</u> Fl. 33169	Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
		<u></u>	Change
			17 18 24
		SSEE. FLORID	Remove
		ORIDA	Remove Change
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ffective date, if other than	the date of filing:			(optional	orio;	64	
an effective date is listed, the date of the date of the date inserted in thi ocument's effective date on the	must be specific and can is block does not meet	not be prior to date of the applicable sta	of filing or more than tutory filing requir	90 days after filin	g.) Pursua	int to 605 it be liste	5.0207 ed as t
e record specifies a dela The 90th day after the	yed effective date record is filed.	e, but not an e	ffective time, a	t 12:01 a.m	. on the	e earlie	er of
ated 6:12		2017					
	A)	3-3					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00