

U000007791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

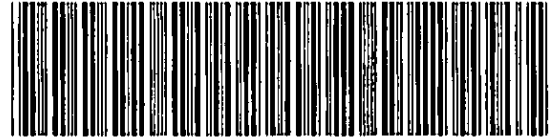
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 AUG 25 PM 3:40
FBI/DOJ

D SCOTT

AUG 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

ALBERTO ESPANA
9601 NW 31ST PLACE
SUNRISE, FL 33351

SUBJECT: ILAL INVESTMENTS, LLC
Ref. Number: L10000077991

RECEIVED

2017 AUG 25 PM 12:19

STATE DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

1

We have received your document for ILAL INVESTMENTS, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 017A00016551

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17 AUG 25 PM 3:40

STATE DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ILAL 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:

AIBERTO ESPANA
Name of Person

ILAL INVESTMENT, LLC
Firm/Company

9601 NW 31ST PLACE
Address

SUNRISE, FL 33351
City/State and Zip Code

AESPANA @ MAC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA CAGLIANONE at 954 2245335
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

FILED
JUN 11 2008
TALLAHASSEE, FL
3:40

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ILAL 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 07/26/2010 and assigned Florida document number L10000077991.

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:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
COO	HENRY ADELNOUR	9601 NW 31ST PL	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Claudia Caglianone	9601 NW 31ST PL	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	RUTH DOMINGUEZ	9601 NW 31ST PL	<input checked="" type="checkbox"/> Add
		SUNRISE FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 AUGUST 21st 2017

Signature of a member or authorized representative of a member

ALBERTO ESPANA

Typed or printed name of signer