110000082377

(Rec	questor's Name)	
(Add	fress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100291154241

10/17/16--01019--010 **25.00

16 OCT 17 AM II: 50 DIVISION OF CONTENSATIONS

O SIMMONS OCT 18 2016

COVER LETTER

	gistration Sec visioh of Corp			
SUBJECT:	Los Cubanos	s Investments, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspon	dence concerning this matter t	to the following:	
		John H. Reynolds, Esq.		
			Name of Person	-
		Reynolds & Reynolds, P.L.		
			Firm/Company	
		120 S. Olive Ave., Suite 60	00	
		·	Address	
		West Palm Beach, FL 3346	01	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		john@reynoldsandreynoldsp		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation co	ncerning this matter, please ca	ill:	
John H. Rey	ynolds, Esq.		561 683-1033	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e 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:

TO:

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

Los Cubanos Investments, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our id Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{\text{L}10000082377}{\text{L}}$.	ny were filed on $\frac{08/05/2010}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ibility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 1 8 T
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u> </u>
		7 HD D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	****	3. S.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		cords, enter the name of the ne
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jose R. Ponte	16541 Royal Poinciana Drive	
		Weston, FL 33326	Remove
			Change
MGMR	Christen Marante	17105 Gulf Pine Circle	■ Add
		Wellington, FL 33414	Remove
			Change
			Add
			On Change Constitution of Cons
		 	Change
			Add
			Remove Change
			Add
			☐ Remove
			□ Change

						·	
· ·	•				<u> </u>		
		·					
	· · · · · · · · · · · · · · · · · · ·						
						5 0 .	
	· · · · · · · · · · · · · · · · · · ·					5	
						Sign.	
						105	
						; cox	
						opvision of confessionalion	•
			.			<u>— Š</u>	•
_						28.6	ò
						5.1	
							
							
	·						
rective date, if other to a effective date is listed, the te: If the date inserted cument's effective date record specifies a The 90th day after	in this block does not on the Department of delayed effective	r meet the applicable f State's records.	statutory filing	requirements, this	date will not be	listed as the	(b)
		2016					
October 11							
ted October 11	C No	uante				·	
ted October 11	Signature of	Man Wal	representative o	f a member			
ted October 11	Signature of Ohy ISter	Marant	I representative o	f a memb er	w	····	

Filing Fee: \$25.00