

Division of Corporations

Page 1 of 1

**L10000127053**

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLOOMGARDEN, GOUDREAU & ROSEN, P  
Account Number : I20010000022  
Phone : (954) 370-2222  
Fax Number : (954) 370-2211

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: hscsa@lawbgr

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 27 AM 11:06

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11 SEP 28 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INVERSIONES LEON TINOCO, LLC**

Certificate of Status	0
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Page Count	01
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**C. LEWIS**

SEP 28 2011

**EXAMINER**

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Corporate Filing Menu

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From:

09/21/2011 13:28

#218 P.002/004

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INVERSIONES LEON TINOCO, 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:

HORACIO SOSA, ESQ.

Name of Person

BLOOMGARDEN, GOUDREAU AND ROSEN, P.A.

Firm/Company

8551 W SUNRISE BLVD, SUITE 208

Address

FORT LAUDERDALE, FL 33322

City/State and Zip Code

HSOSA@LAWBGR.COM

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

For further information concerning this matter, please call:

HORACIO SOSA, ESQ

Name of Person

at ( 954 )

370-2222

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

From:

09/21/2011 13:26 #218 003/004

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2011 SEP 27 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

INVERSIONES LEON TINOCO, 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 DECEMBER 10, 2010 and assigned  
Florida document number L10000127053.

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:

(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

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 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.*

If Changing Registered Agent, Signature of New Registered Agent

From:

09/21/2011 13:27

#218 P.004/004

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>
MGR	MARIA SILVIA LEON TINOCO	250 JACARANDA DRIVE, #303 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input 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
			<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 SEPTEMBER 21, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Horacio Sosa  
\_\_\_\_\_  
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED  
2011 SEP 27 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA