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SECNELANT OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 3 2011

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	CIELO, BOLITA	A & LOBITOS, "L.L.C."	
SUBSECT:		nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
		Jose C. Marrero, Esq.	
	L Of	Name of Person	
Law Office of Jose C. Marrero, P.A. Firm/Company		-	
1200 Brickell Avenue No. 505			
	-	Address	-
Miami, FL 33131			- =
	jo	City/State and Zip Code OSe@marrerolaw.com	11 APR 2
= 0.4 1.0		(to be used for future annual report notification)	APR 20
	on concerning this matter, please	call:	SEC 9
	Jose C. Marrero	at (305) 470-2030 Area Code & Daytime Telephone Number	
Ivat	ne of reison	Area Code & Daytine Telephone Number	3: 25 TATE ORIDA
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	illing Fee, cate of Status & ed Copy onal copy is enclosed)
Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, 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

Cielo, Bolita & (Name of the Limited Liability Comp. (A Florida Limited	Lobitos "L.L.C	 rs on our records.)		
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company	y were filed on	April 11, 2011	and assigned	
Florida document numberL11000043278				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company he	re:		
N/A	A			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Comp	any," the designation "	LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	N/A		5	
(Principal office address MUST BE A STREET ADDRESS)				
		·	EF R TI	
			29 Z	
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			25	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent: N/A				
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 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

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>	Address	Type of Action			
MGRM	The Cervantes Revocable	One North Ocean Blvd. Unit No. 201 Pompano Beach, FL 33062	Add Remove			
			Add Remove			
			Add Remove			
	 .		Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)				
<u>N</u> 	/A	LAHASSEE, FLORDA	FIL. E.I) 1 APR 29 PN 3: 25			
Dated	April 21 , 20	D11 -				
	Signature of a member					
Rafael Cervantes Typed or printed name of signee						