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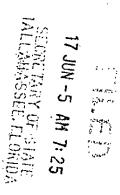
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COVER LETTER

	gistration Se vision of Cor			•
SUBJECT:	CARLOS L	OBO, LLC	•	•
SUBJECT.		Name of Lim	nited Liability Company	_
The enclosed	d Articles of a	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		CARLOS LOBO		
			Name of Person	_ _ _
		CARLOS LOBO, LLC	•	
			Firm/Company	_
		10740 SW 29TH STREET		
			Address	_
		MIAMI FLORIDA 33165		
		LODOCONSTRUCTIONO	Cny/State and Zip Code	_
		LOBOCONSTRUCTION@ E-mail address: (t	o be used for future annual report notification)	
For further in	iformation co	ncerning this matter, please ca	ıll:	
CARLOS LO	ЭВО		305 244-6601	
	Name of	Person	Area Code Daytime Telephone Numb	er
Enclosed is a	check for the	; following amount: .	•	
国 \$25,00 F i	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	cate of Status & - ed Copy
	. ` ,'	•	(addition	al 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

CARLOS LOBO, LLC	•	
(Name of the Limited Liability (A. Florida I	Company as it now appears on our records, imited Liability Company)	
	minted Embinity Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 05/16/2011	and assigned
Florida document number L11000057425	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
:		
B. If amending the registered agent and/or register	red office address on our records,	enter the name of the new
registered agent and/or the new registered office addre	ss here:	7
Name of New Registered Agent:		667 7
New Registered Office Address:		5
	Enter Florida street address	P
	Flori	da CO
	City	Zip Edde

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	SANS GARCIA, ENRIQUE	10580 SW 7 TRL	≅ Add
	·	MIAMI FLORIDA 3317	□ Remove
			Change
			Add
		, <u>.</u>	Remove
			Change
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Filing Fee: \$25.00