

L11000057425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

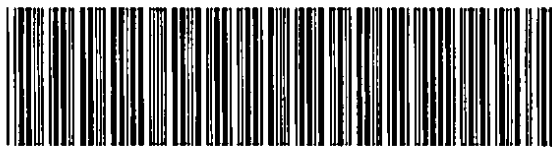
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302157207

08/09/17--01012--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG -8 P 12:19

FILED

D BRUCE
AUG 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carlos Lobo, 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:

Carlos Lobo
Name of Person

Carlos Lobo, LLC
Firm/Company

10740 SW 29th Street
Address

Miami FL 33165
City/State and Zip Code

loboconstructionllc@attleak.com
E-mail address: (to be used for future annual report notification)

2017 AUG - 8 P 12: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Carlos Lobo at (305) 241 6601
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

Circle 622, U.C.

The Articles of Organization for this Limited Liability Company were filed on 5/16/2011 and assigned Florida document number 41000054125.

~~NA~~

IN A

Page 1 of 3

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>
AMBR	Lobo, Gabriel.	10740 SW 29th St.	<input checked="" type="checkbox"/> Add
		Miami FL 33165.	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 AUG - 8 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2017 AUG - 8 P 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG - 8 P 12:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Dated 7/26/2017

Signature of a member or authorized representative of a member

Carlos Lopez

Typed or printed name of signee