111000057425

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	rlos Lobo, 2 Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Portos Lobo Name of Person	
		Name of Person	
	Corto	5 Lobo LLC Firm/Company	
		Firm/Company	
		740 SW 201th St.	reet
		Address	
	Mia	mi Florida 331 City/State and Zip Code ruchion 1 C C wHool o be used for future annual report notif	65
	1-1	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notif	Ken
For further information cor	ncerning this matter, please ca		
Carlos L	0/00	at (<u>766</u>) 468 Area Code Daytime	1259.
Name of I	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Carlos Lobo Illo</u>
(Name of the Limited Liability Company aslit now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>05/16/2011</u> and assigned Florida document number <u>L1100057425</u> .
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 contain the words "Limited Liability Company," the designation "LLC" or the abbeyintion "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 nev registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: Enterly helide 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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR.	Sans Gorcia Ennque	10580 SW 7 TRL.	□ Add
		10580 SW 7 TRL. Miami Pl., 33179.	Remove
			Change
			Add
			Remove
			Change
<u></u>			□ Add
			☐ Remove
			Change
			🗆 Add
			Remove
		4-7	Change
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			Change

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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more thate: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, the 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Signature of a member of authorized representative of a m	nonhar
Signature of a memory of aumorized representative of a m	e constant

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Filing Fee: \$25.00