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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LO'S THOMPSON 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:

Patricia Barkovic
Name of Person

BARKOVIC GROUP LLC
Firm/Company

373 Poinciana DR
Address

Sunny Isles, FL 33160
City/State and Zip Code

pat@barkovic.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia BARKOVIC
Name of Person

at (305)
Area Code

244-3610
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

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15 OCT 14 AM 11:38
TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Los Thompson 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 _____ and assigned Florida document number _____.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

373 Poinciana DR

Sunny Isles FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

373 Poinciana DR

Sunny Isles FL 33160

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

_____, 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Monica Fernandez	17021 N Bay RD #103	<input type="checkbox"/> Add
		Sunny Isles FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Maria ALVANO	17021 N Bay RD #103	<input type="checkbox"/> Add
		sunny Isles FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Big Band LLC	1013 Centre Road #403S	<input checked="" type="checkbox"/> Add
		WILMington Delaware 19805	<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
OCT 14 2008
CLERK OF DISTRICT COURT
STATE OF FLORIDA

F. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605 (b)(7)(3) at

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Aug 20 2015

X

Signature of a member or authorized representative of a member

Monica Fernandez
Typed or printed name of signee

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OCT 14 AM 11:38
DEPARTMENT OF STATE