

L 11000110978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

CORRECTIONS TO MGRS PER
CONVERSATION W/ FELIX DIAZ
10/19/2011 KS

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10/17/11--01008--001 **25.00

FILED
11 OCT 17 PM 2:47
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exobus 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:

Felix Diaz
Name of Person

Exobus LLC
Firm/Company

10501 SW 88th A102
Address

Miami FL 33176
City/State and Zip Code

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

For further information concerning this matter, please call:

Felix Diaz at (786) 203 5638
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
11 OCT 17 PM 2:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Exobus 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 09/28/11 and assigned
Florida document number L11000110978.

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 end with 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)

10501 SW 88th A-102
Miami FL 33176

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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marcello Ronghi	11802 SW 92 terr Miami FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Member	Felix DIAZ	16401 SW 139ct Miami FL 33177	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR Member	Carlos Franco	9773 SW 159 Ave Miami FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need to update the members
~~names~~ Title.

Dated

10/6/11

Signature of a member or authorized representative of a member

Felix DIAZ

Typed or printed name of signee