

L11000112956

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES
Account Number : I28150000092
Phone : (385)252-5505
Fax Number : (888)346-7187

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mirtha@valezar.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA COLMENA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED

2017 JAN 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN 18 AM 8:44
DIVISION OF CORPORATIONS

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JAN 19 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA COLMENA 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:

MIRTHA ALMANZAR

Name of Person

VALEZAR & ASSOCIATES INC.

Firm/Company

12485 SW 137TH AVE. STE 206

Address

MIAMI, FL 33186

City/State and Zip Code

MIRTHA@VALEZAR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRTHA ALMANZAR

305

252-5505

at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA COLMENA 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 09/30/2011 and assigned Florida document number L11000112956.

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:

1655 W 31ST PL.

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH, FL 33012

Enter new mailing address, if applicable:

1655 W 31ST PL.

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH, FL 33012

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:

VALEZAR & ASSOCIATES INC.

New Registered Office Address:

12485 SW 137TH AVE., STE. 206

Enter Florida street address

MIAMI

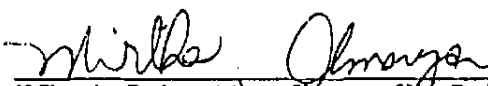
Florida 33186

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

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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	ALEJANDRO LOSANA	2901 SW 8TH STREET STE 105	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. To supplement any other information, enter changes here: (Attach additional sheets, if necessary.)

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JUN 18 AM 8:14
JUN 18 1964
JUN 18 1964

E. 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 605.0207 (3)(b)

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 JANUARY 17 2017

- DocuSigned by:

Dr. Fausto Losana

FTTAP02080141F

Signature of a member or authorized representative of a member

DR. FAUSTO LOSANA

Typed or printed name of signee

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