

L120000S4435

(Requestor's Name)

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☐ MAIL

(Business Entity Name)

(Document Number)

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15 APR 20 PM 2:19
STATE
TALLAHASSEE, FLORIDA

Lc
And
APR 22 2015
R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lorei Group, 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 J. Reyes, Esq.

Name of Person

Reyes Law Group, P.A.

Firm/Company

150 S. Pine Island Road, Suite 210

Address

Plantation, FL 33324

City/State and Zip Code

Carlos@Reyeslegal.com

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

For further information concerning this matter, please call:

Carlos J. Reyes, Esq.

954
at ()

369-1993

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2015

CARLOS J REYES ESQ
150 S PINE ISLAND RD STE 210
PLANTATION, FL 33324

SUBJECT: LOREI GROUP, LLC
Ref. Number: L12000054435

We have received your document for LOREI GROUP, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 915A00006480

RECEIVED
15 APR 20 PM 4:50
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA



Sabadell Financial Center
150 S. Pine Island Road, Suite 210
Plantation, Florida 33324-2665

Office: 954.369.1993
Toll Free: 800.528.7720
Fax: 888.315.6291

www.reyeslegal.com

April 15, 2015

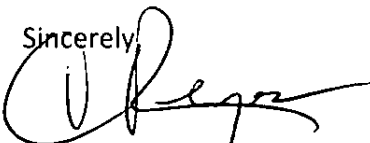
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Lorei Group, LLC
Ref. Number: L12000054435

To whom it may concern:

Regarding the above and pursuant to your letter number 915A00006480 dated April 1, 2015, enclosed please find said letter and the corrected Articles of Amendment to Articles of Organization of Lorei Group, LLC.

Should you have any questions or concerns, please do not hesitate to contact me directly at (954) 279-1142.

Sincerely,


Carlos J. Reyes, Esq.
Carlos@Reyeslegal.com

Enclosure: Letter No. 915A00006480
Articles of Amendment

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

15 APR 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lorel Group, 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 April 23, 2012 and assigned
Florida document number L12000054435.

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)

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:

Dr. Alberto Nader

New Registered Office Address:

2402 Weston Road

Enter Florida street address

Weston

City

Florida 33326

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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> |
|--------------|-------------------|-------------------|--|
| MGR | Dr. Alberto Nader | 2402 Weston Road, | <input checked="" type="checkbox"/> Add |
| | | Weston, FL 33326 | <input type="checkbox"/> Remove |
| MGR | Maria L. Rei | 681 Ranch Road | <input type="checkbox"/> Add |
| | | Weston, FL 33326 | <input checked="" type="checkbox"/> Remove |
| MGR | Pablo A. Strika | 681 Ranch Road | <input type="checkbox"/> Add |
| | | Weston, FL 33326 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 26, 2015

(il)

Maria Luciano Rei Oviedo
Signature of a member or authorized representative of a member
Maria Luciano Rei Oviedo
Typed or printed name of signee