Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Phone

(850) 617-6383

From:

Account Name

Fax Number

VARGAS, PIEDRA & CO. Account Number

120070000148 (305) 671-0003 (305)671-6263

L. SELLERS

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALYBER LLC

> Certificate of Status 0 Certified Copy 0 Page Count 05 \$25.00 Estimated Charge

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#### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ALYBER 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:

# **AURELIO A PIEDRA**

Name of Person

## PIEDRA & COMPANY CPA

Firm/Company

#### 9100 SOUTH DADELAND BLVD STE 912

Address

# MIAMI, FL 33156

City/State and Zip Code

### AURELIO@VARGASPIEDRA.COM

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

For further information concerning this matter, please call:

## **AURELIO A PIEDRA**

Name of Person

<sub>...</sub>305、671-0003

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$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

If Changing Registered Agent, Signature of New Registered Agent

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALYBER LLC	
(Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L12000071672</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9100 SOUTH DADELAND BLVD STE 912
(Principal office address MUST BE A STREET ADDRE	SS) MIAMI, FL 33156
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address.	9100 SOUTH DADELAND BLVD STE 912  MIAMI, FL 33156  red office address on our records, enter the name of the news here:
Name of New Registered Agent: PIED	RA & COMPANY CPA
New Registered Office Address: 9100	SOUTH DADELAND BLVD STE 912
	Enter Florida street address
MIAN	riorida
New Registered Agent's Signature, if changing Registered	City Zip Code  Agent:
the provisions of all statutes relative to the proper and accept the obligations of my position as registered age	d agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and nt as provided for in Chapter 608, F.S. Or, if this document is office address, I hereby confirm that the limited liability

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MGR = Max $MGRM = M$	nager Innaging Member		
<u>Title</u>	<u>Name</u>	Address <u>T</u>	vpe of Action
MGR	LOBA INVESTMENT GROUP, INC	2501 S OCEAN DR STE 105	Add
		HOLLYWOOD, FL. 33019	
MGR	SALVADOR ERNESTO CUNEO	9100 SOUTH DADELAND BLVD STE 912	<b>✓</b> Add
		MIAMI, FL 33156	Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated MAY 8 2013
Signature of a member or authorized representative of a member
SALVADOR ERNESTO ÇUNEO
Typed or printed name of signee

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Filing Fee: \$25.00