L12000081331

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SUCKLISH OF STATE
HIT KANSSEE FI ORIDA

C. LEWIS

JUN 2 9 2012

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		36	
r w SUBJI	ECT:	LOSI	OBOS LLC	
0020		Name of Limit	ted Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Y	AZMINE MARIMON	
			Name of Person	
			Firm/Company	<u></u>
		9721 E BA	Y HARBOR DRIVE APT	łD
			Address	
		BAY	' HARBOR / FL / 33154	
			City/State and Zip Code	
		Grego E-mail address: (t	orylagoulue@gmail.com o be used for future annual report notifications	ation)
For fu	ther information con-	cerning this matter, please c	all:	
		Y DELAUNAY	at (2378798
	Name of Po	erson	Area Code & Daytime	Telephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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
12 JUH 26 PM 1: 59
SECONDALLY OF STATE

		- SECRE	1.59 In 1:59
	LOS LOBOS LLC	MALA	STATE STATE
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.	LORIDA.
·	• • •		•
The Articles of Organization for this Limited Liab	ility Company were filed on	6/19/2012	and assigned
Florida document number L1200008133	<u>31 </u>		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	us limited liability someony ba	w 0.	
A. If amending hame, enter the new hame of the		re.	
	YAZGREG LLC	99.48 1 * 4* 66'	1.622
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "	ELC" or the appreviation
Enter new mineral offices address if anni-able	I		
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	ADDRESS)		
	<u> </u>	····	'
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter	the name of the new
Name of New Registered Agent:			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:	n	utau Florida atuant ada	
	Enter Florida street address		u ess
		, 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 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>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amen		ge(s) here: (Attach additional sheets, if necessary.)	FILED 12 JUN 26 PH 2: 00 SHOW AND AN STATE 1 ALL A HASSEL FLORIDA	
Dated	6120112.	£1,		
		er or authorized representative of a member		
	GRE	GORY DELAUNAY I or printed name of signee		
	Турес	i or princed name or signee		

Page 2 of 2

Filing Fee: \$25.00