

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000284756 3)))



H150002847583ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC Account Number : I20090000095 Phone : (305)267-1092 Fax Number : (305)26/-2819

والمتحور بالمتحالية المتحال والمتحال المتحال والمتحول المتحد

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

6 57		AMND/RESTATE/CORRE LEOJELO I		RESIGNER -	
AN 10: 1		Certificate of Status	0	្រី្ណុំ ប	
N.		Certified Copy	. 0	Lot r	, <b>U</b>
-2	SS	Page Count	04	TATE ORIDA	
DEC -	2 2 2 2	Estimated Charge	\$25.00		
5 0	ALL		· · · · · · · · · · · · · · · · · · ·		DEC 02
4	· · · -		. ·		S MAS

Electronic Filing Menu

11 01

Corporate Filing Menu

Help

10/00/0010

01/27/2007 28:04/\* 3052672819 \* PRONTO INCOME TAX 850-617-6381 12/2/2015 9:36:04 AM PAGE

17001 Fax Server

# H15000284756 3))/



December 2, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

LEOJELO LLC 19201 COLLINS AVE 436 SUNNY ISLES BEACH, FL 33160

SUBJECT: LEOJELO LLC REF: L12000103848

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Used cover sheet for corporation - need one for LLC amendment.

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) 245-6051.

Stacey M Mason Regulatory Specialist II FAX Aud. #: H15000284297 Letter Number: 115A00025192

ROEVE H 5 DEC

P.O BOX 6327 - Tallahassee, Florida 32314

M H 150002847756 3))

01/27/2007 23:04 3052672819 /// H 氏/)()	01284756	PRONTO INCOME TAX		PAGE 03/05
( <sup>(()</sup> <b>AR</b> '	TICLES OF AJ TO		2046 DEC - 1 NEORETARY	TI F
OF <u>LEOJELO LLC</u> <u>(Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>AUGUST 13, 2012</u> and assigned	n U			
The Articles of Organization for this Limited L Florida document number L12000103848	iability Company we	ere filed on AUGUST 13, 2012		signed
This amendment is submitted to amend the follo	owing:	· .		
A. If amending name, enter the new name o	<u>f the limited liabilit</u>	y company here:		
· · · · · · · · · · · · · · · · · · ·		· · ·		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LLC" of	or the abbreviation 'L	L.C."
Enter new principal offices address, if applic	able: _			<b></b>
Principal office address MUST BE A STREE	TADDRESS)	·	····	
·			·	
Material and the state of the				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
Include walless InAT DEATOST OFFICE				
B. If amending the registered agent and/ registered agent and/or the new registered of		e address on our records,	enter the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
	SUNNY ISLES BI	EACH Flor	ida <u>33160</u>	
		City	Ztp 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

Page 1 of 3

MH 15000284756

## 3052672819 PRONTO INCOME TAX ((H 15000284756 3)))

PAGE 04/05

# 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

01/27/2007 23:04

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEOPOLDO L. HADAD	19201 COLLINS AVE #433	Add
		Sunny Isles Beach, FL 33160	🖩 Remove
		·	Change
MGR	LORENA A. HADAD	19201 COLLINS AVE #433	🖸 Add
		Sunny Isles Beach, FL 33160	Remove
	· · ·	·	Change
MGR	Gabriela Dolores Gimenez	19201 COLLINS AVE #433	<b>B</b> Add
		Sunny Isles Beach, FL 33160	Remove
			Change
MGR	Carolina Gabriela Rossa	19201 COLLINS AVE #433	🛛 🖉 Add
		Sunny Isles Beach, FL 33160	Remove
			Change
			Add
			Change Change
<del></del>			STATE STATE ORION
		<u>.</u>	
			Change

Page 2 of 3

((14 1KDAD284756 3)))

amending	any other info	ļ	)))) 284 75 change(s) here: (		l sheets, if necess	sary.)		
		S GIMENEZ - 50						
CARO	LINA GABRIEI	LA ROSSA - 50%	6 SHARES					
					·····			
				<u> </u>				
·····		· · · ·						
_ <u></u>							·	
			······		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	·····			<u></u>		· · · · · · · · · · · · · · · · · · ·		
	· ,							
	· · ·							-
<u></u>				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
<u></u>	<u> </u>	·	, *		<u></u>			۰.
<u>~</u>	<u> </u>			<u> </u>			·	
				<u></u>			· .	
<u> </u>				<u>_</u>	. <u></u>			
······································			<sup>,</sup>	<u></u>	<u></u>			
			DECEMBER 1	2015				
fective dat	e, if other that	n the date of fili as must be specific a	ing:		optiona (optiona) (optiona) (optiona)	al) ing.) Pursuani lu	u 605.0207 (3)(t	
te: If the d	late inserted in t	his block does not the Department of	t meet the applicable	statutory filing re	quirements, this de	ate will not be	; listed as the	,
				,				
record sp	pecifies a del	ayed effective	date, but not ar	n effective tim	e, at 12:01 a.n	n. on the e	arlier of: 🖉	
ine your	uay arter the	e record is filed	<i>.</i>				·	
ited	MBER 1,2015	· · · · · · · · · · · · · · · · · · ·	2015			۰.		
	۲.	7						
	·	Signature of	a member or authorize	d representative of a	member	· <u> </u>	<del>-</del>	
G,4	ABRIELA DOL	ORES GIMENEZ	, 1		10	2015		
			Typed or printed as	une of signee		DEC	<b>-</b> []	•
					25		-	
					50 m	<b>1</b>	0.	

((/H15000284756 3)))