

118000145503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

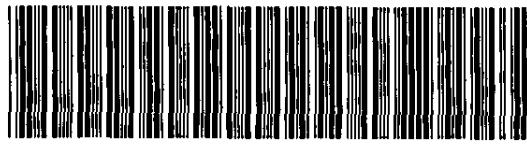
(Business Entity Name)

(Document Number)

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2013 DEC 16 PM 3:56  
SIXTH DISTRICT OF APPEAL  
TALLAHASSEE FLORIDA

DEC 17 2013  
SIXTH DISTRICT OF APPEAL  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Leojimeu, 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:

Sebastian Jaramillo, Esq.

Name of Person

Jaramillo & Blaya PA

Firm/Company

66 W Flagler St Suite 500

Address

Miami, FL 33130

City/State and Zip Code

noemi\_vigil@hotmail.com

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

For further information concerning this matter, please call:

Sebastian Jaramillo

305 3732800

Name of Person

at ( ) Area Code & Daytime Telephone Number

FLORIDA DIVISION OF STATE  
TALLAHASSEE, FLORIDA

FL  
FL  
FL

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

2012 DEC 16 PM 3:57

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Leojimeu, 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 11/19/2012 and assigned  
Florida document number L12000145503.

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)

2012 DEC 16 PM 3:57  
FLORIDA  
STATE  
REGISTRATION  
AGENCY  
LAW OFFICES  
OF  
THE  
ATTORNEY  
GENERAL  
OF  
THE  
STATE  
OF  
FLORIDA

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ , 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo L Vigil	400 Kings Point Dr Sunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Noemi Colace	400 Kings Point Dr Sunny Isles, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Aulek LLC	400 Kings Point Dr #427 Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove FCI/6 PH 3.5 <input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

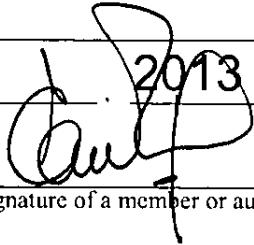
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Dated December 12

2013



Signature of a member or authorized representative of a member

Eduardo Vigil

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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FLORIDA  
ATTACHMENT  
FLORIDA  
ATLANTIC CITY

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