

L13000019376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

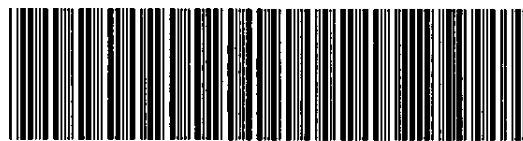
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 31 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BOBATO 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:

STEVEN E. VARELA, ESQ.

Name of Person

KELLERMANN VARELA PL

Firm/Company

605 LINCOLN RD, STE 400

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

STEVEN@KV-PL.COM

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

For further information concerning this matter, please call:

STEVEN E. VARELA

Name of Person

305 479-5676

at ()

Area Code & Daytime Telephone Number

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BOBATO 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 FEBRUARY 6, 2013 and assigned
Florida document number L13000019376.

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)

6845 VERONESE ST
CORAL GABLES, FL 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O KELLERMANN VARELA PL
605 LINCOLN RD, STE 400
MIAMI BEACH, FL 33139

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:

KELLERMANN VARELA PL

New Registered Office Address:

605 LINCOLN RD, STE 400

Enter Florida street address

MIAMI BEACH

Florida 33139

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.

[Signature]
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:

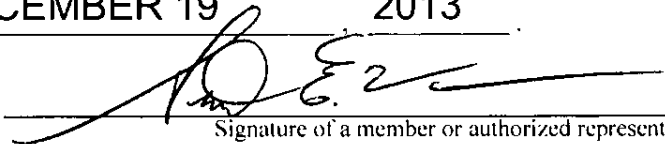
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN-PHILIPPE SARTHER	C/O KELLERMANN VARELA PL	<input checked="" type="checkbox"/> Add
		605 LINCOLN RD, STE 400	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGR	ESTELLE SARTHER	C/O KELLERMANN VARELA PL	<input checked="" type="checkbox"/> Add
		605 LINCOLN RD, STE 400	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated **DECEMBER 19** 2013



Signature of a member or authorized representative of a member

Steven E. Varela, as Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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