1300006626

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

LAGO PAZ, 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:



Name of Person

GUTTENMACHER, BOHATCH & PENARANDA, PA

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN S. BOHATCH

305₆₆-1040

Name of Person

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

LAGO PAZ, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A)	rionua Liinneu Lia	ionity Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L13000066267</u>	ability Company v	vere filed on <u>05/06/201</u>	3 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	157 Key Haven Roa	ad, Key West, FL 33040
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	157 Key Haven Roa	ad, Key West, FL 33040
B. If amending the registered agent and/or registered agent and/or the new registered offi			rds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	157 Key Haven Road, Key West, FL 33040 Enter Florida street address		
		Enter Florid	da street address
		City	, Florida 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 or Managins	the Managers or Managing Member Member being added or removed fr	rs on our records, enter the title, name and address on our records:	of each Manager	
MGR = Manager MGRM = Managing Member		s on our records, enter the title, name and address of each Manager om our records: Address Pype of Action		
<u>Title</u>	<u>Name</u>	Address S	vpe of Action	
MGR	ELIOPE PAZ	1916 FOGARTY AVENUE, KEY WEST, FL 33040	Add	
			Remove	
MGR	SHARON PAZ	1916 FOGARTY AVENUE, KEY WEST, FL 33040	Add	
			Remove	
MGR	ELIOPE PAZ	157 Key Haven Road, Key West, FL 33040	Add	
		<u> </u>	Remove	
MGR	SHARON PAZ	157 Key Haven Road, Key West, FL 33040	✓ Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
nted	May 14, 2013.
	Signature of a member or authorized refreshitative of a member JOHN S. BOHATCH, ESQ., AUTHORIZED REPRESENTATIVE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

