# L17606142364

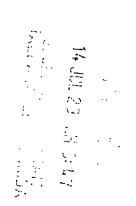
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400262745694

07/29/14--01023--004 \*\*25.00



## **COVER LETTER**

TO	Registration Se Division of Cor						
	MAP	O LLC					
SUE	SJECT:		nited Liability Company				
The	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Plea	se return all correspo	ondence concerning this matter	to the following:				
		LUBAN QUI	CENO				
		P11/00/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Name of Person				
MAPO LLC							
		3748 P-0444	Firm/Company				
		5097 BRIGHT GALAXY LN					
			Address				
		GREENACE	RES, FL 33463				
		LUBAN.BQ@GM/	City/State and Zip Code				
			to be used for future annual report notif	ication)			
For	further information c	oncerning this matter, please c	all:				
Ll	JBAN QU	IICENO	<sub>at</sub> 561 352-4	619			
	Name o	f Person	Area Code Daytime	Telephone Number			
Enc	losed is a check for the	ne 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

MAPO LLC (Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on our recordability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Li Florida document number L13000142364	ability Company v		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
N/A			
The new name must be distinguishable and end with the v	words "Limited Liabil	ity Company," the designation "LL	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		·
B. If amending the registered agent and/registered agent and/or the new registered of	or registered off		is, enter the name of the new
	:	HOENO	# <del>-</del>
Name of New Registered Agent:	LUBAN QUICENO		
New Registered Office Address:	5097 BRIGHT GALAXY LN		
	0555110	Enter Florida street addres	Unit was
	GREENAC	CRES FI	lorida 33463
New Registered Agent's Signature, if changing R	Registered Agent:	Cay	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this is	d agent and agre er and complete p stered agent as pr egistered office o	performance of my duties, a rovided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action LUBAN QUICENO 5097 BRIGHT GALAXY LN MGR **■** Add GREENACRES, FL 33463 □ Add □ Remove \_\_\_\_\_ Remove

ceuto	
2	7/29/2014  (option receipt or filed date and cannot be more than 90 days a State)  2014  Other or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00