

L14 000043791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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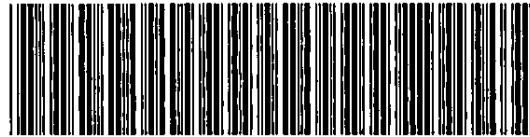
(Business Entity Name)

(Document Number)

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J. Stivers JUL 02 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOPR CAPITAL 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:

PAUL EISENHART
Name of Person

Firm/Company

7029 SW 68 CT.
Address

Miami, FL 33143
City/State and Zip Code

PAULEISENHART@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL EISENHART at (786) 205-3274
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

LOPR CAPITAL, LLC.

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CARLINA C. RODRIGUEZ	100 EDGEWATER DR. #219	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL. 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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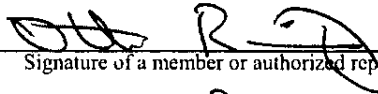
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 27, 2014.



Signature of a member or authorized representative of a member

Otten Rodriguez

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF THE COURT
JAILOR APPEALS FLORIDA