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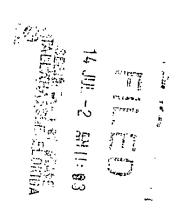
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COVER LETTER

ΓΟ: 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 E'SCHART Name of Person	
Name of Person	
Firm/Company	
7029 SW 68 CT.	
Address	
Miam, Fl. 33143 City/State and Zip Code	
City/State and Zip Code	
Paul E's on HATT & Gma'l, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Paul EisenHant at (786) 205-3274 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy\$ (additional copy is enclosed) 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

LOPR CAPITAL, LLC.	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) apany)
The Articles of Organization for this Limited Liability Company were filed	on 3-14-2014 and assigned
Florida document number <u>L14000043791</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and end with the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ATT LANGE OF THE PARTY OF THE P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the nev
- The state of the	
Name of New Registered Agent:	Fig. 4
New Registered Office Address:	orman .
En	ter Florida street address
City	, Florida 27 2 1 1
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AmBR	CARLINA C. RODIGUEZ	PIST NO NOTAWOODS OOL	_Add
		CORAI Cables, Fl. 33133	□ Remove
			Add
			□ Remove
			Add .
			Remove
			_ _□ Add
			Remove
			Remove C
·			 _□ Add
			_□ Remove

ffective date, if other than the effective date must be specific, and the date this document is filed by the	the date of filing: cannot be prior to date of receipt or filed date the Florida Department of State)	(optional) and cannot be more than 90 days after
ted June 2	7 . 2014 .	
100		

Page 3 of 3

Filing Fee: \$25.00

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