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2017 NOV 20 AM 10:13

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2017 NOV 20 AM 10:45

D. SCOTT  
DEC 1, 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHURROLAND 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:

Victor Bolivar  
Name of Person

Bopo INC  
Firm/Company

1401 49th AV N  
Address

St Pete FL 33703  
City/State and Zip Code

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

For further information concerning this matter, please call:

Victor Bolivar at (727) 492 8756  
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**

CHURRO LAND 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 JULY 10 2014 and assigned Florida document number L14000109211

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 contain 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)**

1401 49th AV N  
St Pete FL 33703

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1401 49th AV N  
St Pete FL 33703

**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:**

VICTOR BOLIVAR

**New Registered Office Address:**

1401 49th AV North

Enter Florida street address

St Pete

City

Florida

33703

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>Victor Bolivar</u>	<u>1401 48th AV N</u>	<input checked="" type="checkbox"/> Add
		<u>St Pt FL 32709</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JUAN MARTINEZ</u>	<u>10212 WILCOX CT</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33615</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MARIA CARDONA</u>	<u>10212 WILCOX CT</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 33615</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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ng.) Pursuant to 605.0  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/15/2017

\_\_\_\_\_  
 Signature of a member or authorized representative

JUAN MARTINEZ