

7/21/2017

L14000191071
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2017 JUL 24 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOBA PROPERTIES LLC**

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Corporate Filing Menu

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JUL 25 2017
J. HARRIS

HL170001919 583

COVER LETTER

TO: Registration Section
Division of Corporations

LOBA PROPERTIES LLC

SUBJECT: _____
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:

Rafaela Martins

Name of Person

Account Bookkeeping Corp

Firm/Company

5301 Courtyard ste 140

Address

Orlando, FL 32811

City/State and Zip Code

info@abkecorp.com

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

For further information concerning this matter, please call:

Rafaela Martins

at (407) 898-1757

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

HL170001919 583

701 000 1919 583
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOBA PROPERTIES 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 12/15/2014 and assigned
Florida document number L14000191071.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: LUIZ LOPES JUNIOR

New Registered Office Address: 8539 PIPPEN DR

Enter Florida street address

ORLANDO, Florida 32836
City 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)

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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>
MGR	A. LOPES, EVELYN	8539 PIPPEN DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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COUNTY CLERK'S OFFICE

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

204-7

Signature of a member or authorized representative of a member

LUIZ LOPES JUNIOR

Typed or printed name of signee

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2017 JUL 24 AM 8:59
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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