# L15000001969

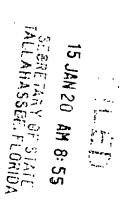
uestor's Name)			
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☐ WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
	ress)  State/Zip/Phone WAIT  ness Entity Nar  ument Number)  Certificates		





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# COVER LETTER .

TO: Registration Sec Division of Corp			
SUBJECT: LIGO	211 -tex	****	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Carlos Fige	Name of Person	<del></del>
	Tax Care	Firm/Company	
	1400 NW	10't Ave Stett	209
	Miami, FI	331770 City/State and Zip Code	
	glenys, ratric	de used for future annual report notifica	tion)
For further information cor	ncerning this matter, please ca	ili:	
Glans radia	₹Z Person	at (486) 845 - Area Code Daytime Te	8854 Elephone Number
Enclosed is a check for the	following amount:		
12 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Tallahassec, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassce, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisbost LC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	1514 and assign	ned
Florida document number 1_150000019159		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	nere:	
The new name must be distinguishable and end with the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	≥% <del></del>	
Enton para mailing address if a militable.	N 20 TARN	a timb
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D If amonding the applicance of the state of	2	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, enter the name of	the nev
Name of New Registered Agent:		
New Registered Office Address:		
	rida street address	
	, Florida	
City	Zip Code	<u> </u>

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 any other in	ormation, enter change(s) here: (Attach add	litional sheets, if necessary.)
the state of the s	and the state of t	
	ali makanananan a	
Effective date, if other the (The effective date must be specified the date this document is filed by	n the date of filing: c. cannot be prior to date of receipt or filed date and cann the Florida Department of State)	(optional) ot be more than 90 days after
Dated January	9 . 2015	
)		
$(^{\circ}_{\Omega})$	Signature of a member or authorized representat	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

15 JAN 20 AM 8:55