L15000012972

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FEB 1 6 2015

T. HAMPTON

COVER LETTER

Division of C	Corporations		
La Cat	thedral Investments LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	John F. Tobon		
		Name of Person	
		Firm/Company	
	631 Cypress Lake B	Blvd Apt D	
		Address	
	Pompano Beach, Fl	_ 33064	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	n concerning this matter, please c	all:	
John F. Tobon		954 448-3209	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **STREET/COURIER ADDRESS:** Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Cathedral Investments LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L15000012977</u>	Company were filed on 1/22/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
John F. Tobon, LLC		
The new name must be distinguishable and end with the words "Lin	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	DS 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EB-9 PH 12: 27 HASSEE FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	***	••
	, Flo	orida 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 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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		-	
		14 - Marina Louis Balancia de decido com minimo de la composición del la composición del composición del la composición del	Remove
		-	☐ Add
			Remove
			Add 5. FE move
			FERMOVE PHIZ: 201
			□ Remove
			Add
			□ Remove

it amending any other information,		
Effective date, if other than the date The effective date must be specific, cannot be particular this document is filed by the Florida I	prior to date of receipt or filed date and cannot be more than 90	optional) days after
The effective date must be specific, cannot be p	prior to date of receipt or filed date and cannot be more than 90	optional) days after
The effective date must be specific, cannot be the date this document is filed by the Florida I 29th of January	orior to date of receipt or filed date and cannot be more than 90 Department of State)	optional) days after
The effective date must be specific, cannot be the date this document is filed by the Florida I Dated 29th of January	orior to date of receipt or filed date and cannot be more than 90 Department of State)	optional) days after

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Filing Fee: \$25.00

