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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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UT 29 2015

COVER LETTER

TO:	Registration Se Division of Cor		•		
CUDI	LLOPA LI.	C .			
SUBJ	ECT:	Name of Limited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please	e return all correspo	ondence concerning this matter to the following:			
		PEDRO FORT			
		Name of Person			
		LLOPA LLC			
		Firm/Company			
		1580 SAWGRASS CORPORATE PKWY SUITE 130			
		Address			
		SUNRISE / FL 33323	SEC	2015	-urgray
		City/State and Zip Code pedro.fort.b@gmail.com	NHASSEE, FLORID	0CT 2	=
		E-mail address: (to be used for future annual report notification	on) M	CO	
For fu	rther information c	oncerning this matter, please call:	FLO	ס 	D
Pedro	Fort	954 315-4620 at ()	RICA A	: 24	
	Name o		ephone Number		
Enclo	sed is a check for th	ne following amount:			
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 4 \$60.00 Filion Certificate Certified	of Stat	tus &

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

LLOPA LLC			
(<u>Name of the Limi</u>	ted Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited L Florida document number L15000016594	iability Company wer	re filed on 01/28/2015	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	company here:	
The new name must be distinguishable and contain the	vords "Limited Liability C	Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applie	:able:		1 ()
(Principal office address MUST BE A STREI	ET ADDRESS)	·	ARE DO
Enter new mailing address, if applicable:	_		28 P
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		22 RIOA
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			er the name of the new
New Registered Office Address:	1580 SAWGRASS	CORPORATE PKWY SUITE 130	
Negistered Office Address.		Enter Florida street address	
	SUNRISE	, Florida	33323
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LIODALIO

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
			Add
			☐ Remove
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Signature of a member or authorized representative of a member				
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Page 3 of 3

Filing Fee: \$25.00