L150000 27805

(Requ	uestor's Name)	·
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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J. HARRIS

COVER LETTER

Division of (Corporations		
SUBJECT: LOBC	S DRYWALL LLC		
SUBJECT.	Name of Lin	nited Liability Company	- 1
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	DAVID A. LOBOS		
		Name of Person	
	LOBOS DRYWALL	LLC	
		Firm/Company	
	1118 RUSH AVE.		
		Address	
	LEHIGH ACRES, F	L. 33972	
	***************************************	City/State and Zip Code	····
	DADA4LOBOS@YA		
		to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	ali:	
DAVID A. LOBO	os e e e e e e e e e e e e e e e e e e e	239 245-1008	
Nan	ne of Person		: Telephone Number
Enclosed is a check for	or 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2015

DAVID A LOBOS 1118 RUSH AVE LEHIGH ACRES, FL 33972

SUBJECT: LOBOS DRYWALL LLC

Ref. Number: L15000027805

2015 MAR 13 PM 1: 29
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for LOBOS DRYWALL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is P96000057309.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00004187

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOBOS DRYWALL LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000027805</u>	were filed on FEBRUARY 13, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
D.A.D. LOBOS LLC.		
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2015 TALL
(Principal office address MUST BE A STREET ADDRESS)	1118 RUSH AVE.	CRET
	LEHIGH ACRES, FL. 33972.	S2
		SET S
Enter new mailing address, if applicable:		_ S
(Mailing address MAY BE A POST OFFICE BOX)		: 29 DRID
		77
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	~~,	way come

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 = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Remove □ Add _□ Remove ☐ Remove ☐ Remove □ Add ☐ Remove

mending any other informati	on, enter change(s) here: (Attach additional	sheets, if necessary.
, t		
		
ctive date, if other than the diffective date must be specific, cannot ate this document is filed by the Flori	late of filing: the prior to date of receipt or filed date and cannot be modified. Denartment of State)	(optional) re than 90 days after
MARCH 10	•	
The	/	
S	ignature of a member or authorized representative of a	member
DAVID A. LOBOS	ignature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00