# LIS000038607

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	-	
(Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  (Certified Copies Certificates of Status	(Requestor's Name)	
(Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  (Certified Copies Certificates of Status		
(Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  (Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	,	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone	<del>;</del> #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT	MAIL
(Document Number)  Certified Copies Certificates of Status		
(Document Number)  Certified Copies Certificates of Status	(Business Entity Nan	20)
Certified Copies Certificates of Status	(Dusiness Entity Ivan	ne)
Certified Copies Certificates of Status		
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates	of Status
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		·
·	Special Instructions to Filing Officer:	
·		
		,

Office Use Only



100285796461

05/18/16--01006--007 \*\*25.00

16 HAY 18 PH 12: 19
SECRETARY OF STATE
SECRETARY OF STATE

# **COVER LETTER**

Division of Corporations
SUBJECT: Roca Certifical Florida Trivestment Lice 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:
Carlos Alberto Lios Name of Person
haa Central Florida Investment UC
3443 Victoria Pines Dr Unit 25
City/State and Zip Code
E-mail address: (to be used for future amual report notification)  Ear further information concerning this matter places call:
For further information concerning this matter, please call:    Compared   Co
Cantos Alberto Rios  at (407) 284-0662  Area Code  Daytime Telephone Number  Daytime Telephone Number  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee,  Certificate of Status \$\Bigcup Certified Copy (additional copy is enclosed)  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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hoca Central Florida (Name of the Limited Liability Compa (A Florida Limited)	a Investment Lic
The Articles of Organization for this Limited Liability Company Florida document number	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	3443 victora pines Driunita 1001/2000 PC 32/829
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	STE. 0 ST. 0 - L
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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

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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Morrales Daza Edinson	3443 Victoria Pines Drt 2	<b>├</b> <b>5</b> □ Add
		1011ands FC 32829	Remove
			☐ Change
Ambr	Leonardo A. Hendoza	14621 CHLDE ct	X Add
	1001ando FC 32826	Remove	
			Change
			Add
			Remove
			□ Change
<u> </u>	L A		
		$\sim$	Remove
			Change
			□ Add
			☐ Remove
		<del></del>	Change
<del></del>			□ Add
			Remove
			□ Change

bou	Jegu	et D	etetec				a Robin
amd	Leon	alone	A. M	endeza	7 000	Amb	<u>r</u>
•	•	•					-
<u></u>					<del></del>	· · · · · · · · · · · · · · · · · · ·	
							TS TS
					<u> </u>		<u> </u>
					· · · · · · · · · · · · · · · · · · ·		
							8 T
							1013 K
							19 10A
an effective date ote: If the date	is listed, the date e inserted in this	must be specific s block does no	and cannot be pri	icable statutory:	or more than 90	(optional) days after filing nents, this date	) Pursuant to 605.0 will not be listed
	cifies a dela ay after the r			ot an effectiv	ve time, at	12:01 a.m.	on the earlier
a de a d	051	16		<u>e</u> .		IVELISSE S MY COMMISSION EXPIRES JU FloridaNotari	ne 25, 2019
ated		7					

Page 3 of 3

Filing Fee: \$25.00