## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323) 962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOD ANDRADE LLC

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Electronic Filing Menu

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Corporate Filing Menu

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9/18/2015

## **COVER LETTER**

TO:	Registration Security Division of Cou			
SUBJE	LOD And	rade LLC		
3(/801.	C.1.	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		lulana@rocketmail.com	to be used for future annual report notif	ication)
For furt	her information o	oncerning this matter, please co	·	
	ı Vasquez	-	323 962-8600 es	kt 7950
	Name c	f Person	Area Code Daytime	: Telepione Number
Enclose	ed is a check for t	he 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 & Certificd Copy (additional copy is enclosed)

MAILING ADDRESS: 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

LOD Andrade LLC				
(Name of the Limited L. (A F	iability Company as it now appe lorida Limited Liability Company	ears on our records.)		
The Antiches of Commission for this Floring Cinkill	: G Sl. 4 (	06/12/2015	and agai	iamad
The Articles of Organization for this Limited Liabil	ity Company were filed on _		and ass	igned
Florida document number L15000103445	<del></del> •			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the	he designation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicable	<b>:</b>			
(Principal office address MUST BE A STREET A			-	
Transfer of the man can the second se				
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BO)	×3			·
(Manning tractics Maril Maril 1001 VI 1102 DV)	····			<del></del>
Name of New Registered Agent:  New Registered Office Address:				<del></del>
11677 Nogistejed Otthe Adaloss.	Entar F	lorida street address		
		. Florida		
	City		Zip Code	<u></u>
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the region company has been notified in writing of this change in the real company has been notified in writing of this change.	nd complete performance ed agent as provided for ir istered office address, I her	of my duties, and I a n Chapter 605, F.S. ( eby confirm that the	m familiar wit. Or, if this docu	h and ment is
	If Changing Registered		Registered Agen	1 securitaria
	Page 1 of 3	]. 	SEP 1	Martines Martines
		5	888	[] 2
			T 9 >	£
			T ST	
			<del></del>	

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

Title	Name	Address	Type of Action
AMBR	DENISSE ANDRADE-LUKENS	5972 GOLDEN EAGLE CIRCLE	D Add
		PALM BEACH GARDENS, FL 33418	☑ Remove
			☐ Remove
<del></del>			
			□ Remove
<del></del>			[] Add
			Remove
			□ Add
			☐ Remove
			D. Remove
	Pag	e 2 of 3	P 18
			FS A

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated
	Lourdes Andrade
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 SEP 18 A 9: 05: ECRETARY OF STATE ALLAHASSEE, FLORIDA