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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Encabinados INT L LLC 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:
ISIS ISOBEL Name of Person
H & I TAX Investment CORP
1860 D pine Islandeo Suite 109
CityState and Zip Code TSISTAX Q AOL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tois Isabel at 954 6005801 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{07/10/2015}{1500019425}$ and assigned Florida document number $\frac{1500019425}{1500019425}$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 5122 Nw 79Th AUE
(Principal office address MUST BE A STREET ADDRESS) Michael FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: LS15 ISabel
New Registered Office Address: 1860 N Pine Island RD Suite 10° Enter Florida street address
Plantation Florida 33322
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

If Changing Degistered Agent, Signature of New Registered Agent

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, E.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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: 05-30-2017 (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days to: If the date inserted in this block does not meet the applicable statutory filing requirements ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12: the 90th day after the record is filed.	s, this date will not be lis
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Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00