

L15000130806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

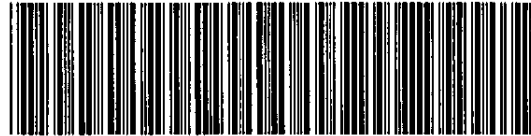
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 22 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EDULOPEZ 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:

EDUARDO LOPEZ

Name of Person

EDULOPEZ LLC

Firm/Company

6051 W IRLO BRONSON MEMORIAL HWY, UNIT 1226

Address

KISSIMMEE, FL 34747

City/State and Zip Code

info@southernlogisticsone.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA STRATOS

786 3324697
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EDULOPEZ LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/30/2015 and assigned
Florida document number L15000130806.

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:

(Principal office address MUST BE A STREET ADDRESS)

6051 W IRLO BRONSON MEMORIAL HWY, UNIT 1226

KISSIMMEE, FL, 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6051 W IRLO BRONSON MEMORIAL HWY, UNIT 1226

KISSIMMEE, FL, 34747

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:

EDUARDO LOPEZ

New Registered Office Address:

6051 W IRLO BRONSON MEMORIAL HWY, UNIT 1226

Enter Florida street address

KISSIMMEE

City

, Florida 34747

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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SECRET
STATE OF FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	EDUARDO LOPEZ	6051 W IRLO BRONSON	<input type="checkbox"/> Add
		MEMORIAL HWY UNIT 1226	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Change
MGRM	MARIA B FIORIT	60551 W IRLO BRONSON	<input type="checkbox"/> Add
		MEMORIAL HWY, UNIT 1226	<input type="checkbox"/> Remove
		KISSIMMEE, FL, 34747	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 RELEASED TO
 FALL ANDERSON

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2016 JAN 21 PM 4: 22
FROM: PORT OF LAKE
FALLS ASSESSMENT BOARD