(Re	questor's Name)	
(Add	dress)	
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## **COVER LETTER**

ŢQ:	Registration Section
	Division of Corporations

SUBJECT: FALBROS CORP, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Camilo Espinosa
Name of Person
Loigica PA Firm/Company
G Firml/Company
2 South Biscayne Blud. Str. 3760
Address
Miami, Florida 33131
City/State and Zip Code
Camilo. espinosa logica. Com E-mail address: (to be used for future annual report not dication)
E-mail address: (to be used for future annual report not dication)

For further information concerning this matter, please call:

Camilo Espinosa at (305) 771 - 5644

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALIBROSCORF	LLC,	
(Name of the Limited Liability Compa (A Florida Limited L	n <mark>ý as it now appears on ou</mark> iability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>1500150382</u> .	were filed on <u>09</u>	07/15 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	Mail 2 M + 1 1 - 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida Zip Code
$\underline{\textbf{New Registered Agent's Signature, if changing Registered Agent:}}$		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di rovided for in Chapte	ties, and I am familiar with and er 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Si	gnature of New Registered Agent
Page 1	_	THE TO THE

If amending Authorized Person(s) authorized to manage,  $\underline{enter \cdot the \ title}$ , name, and address of each person being added or removed from our records:

MGR = Manager

MGR = N $AMBR = A$	Anager Authorized Member		
Title	Name	Address	Type of Action
MGR	Juan Carlos contreras Ruiz	C/O Loigica	🗆 Add
	KVIZ	400 NW 26 St	■ Remove
		Miami, FL 33137	Change
MGR B	Bigum Edson Pediaza Rivera	C/O Loigica	Add
	Kivera	400 NW 26 St	■ Remove
		Miami, FL 33137	7□ Change
MGR	Guiltermo Burgos	C/o Loigica	<b>Ş</b> Add
		400 NW 26 St	Remove
		Miami, FL 33137	Change
			🗖 Add
			□ Remove
			Change
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ective date, if other than effective date is listed, the date e: If the date inserted in th ument's effective date on the	is block does not meet he Department of State	the applicable statutory	g or more than 90 days afte filing requirements, the	r filing.) Pursuant to s date will not be	605.0207 (3)(b) listed as the
record specifies a dela he 90th day after the	ayed effective date record is filed.	e, but not an effect	ive time, at 12:01	a.m. on the ea	rlier of:
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	( )	In A			
	COUM	del 4			_
	Signature of a morn	ther or authorized represer			- - /
	Camil	=	1, Attorne	Tfon F	abrascom

Page 3 of 3

Filing Fee: \$25.00

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