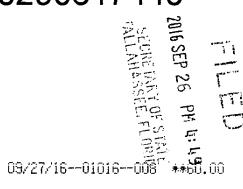
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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**DEOBES LLC** SUBJECT: 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: CARMEN G. DE OBALDIA Name of Person **DEOBES LLC** Firm/Company 21 Chantilly Rue Court Address Simpsonville, SC 29681 City/State and Zip Code escobardeobaldia@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JESUS ENRIQUE ESCOBAR Daytime Telephone Number Name of Person 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 Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **MAILING ADDRESS:** 

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

	m FILE
	2016 SEP 26 PM 6:49
.)	ALLANASTE FLORIS.

	DEOBES	LLC	W	AHASAY OF CHARLES
(Name of the Limit	ted Liability Compa (A Florida Limited I	nv as it now appears Liability Company)	on our records.)	AHABBY OF STATE
The Articles of Organization for this Limited L Florida document number L1500017944		were filed on	October 1, 2015	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :	
	N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE		670 Falling Wate	er Road	
		Weston, FL 3332	26	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	21 Chantilly Rue	Court	
		Simpsonville, SO	29681	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<b>2</b> :	our records, enter	the name of the new
	4225 Paul Pel	m Avanus		
New Registered Office Address:	4325 Royal Pal		da street address	
	,	Miami Beach	an sireer wald too	22140
		City	, Florida	33140 Zin 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the</u> t	title, name, and address of each	person being added
MGR = M			2016 SEP 26 PM 4:49  FALLAHASSEE STATE	
Title	<u>Name</u>	Address	FALL AHASSEE, FLORIA.	Type of Action
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in ef o <b>te:</b>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
	September 20th, 2016
	<u>September 20th</u> , 2016
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00