## LIGOCOGS

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SECRETARY OF STATE

FEB 2 9 2016 S. YOUNG

## **Cover Letter**

Victoria O'Day

407-375-6990

4038 Virginia Drive

Orlando, FL 32803

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJEC	ct: <u>Mauy</u> o	& Mauro Investor Name of Lim	unts LLC lited Liability Company	<del></del>
		Amendment and fee(s) are sub	_	
Please re	eturn all correspor	idence concerning this matter	to the following:	
		Victori	Name of Gerson	
		Mauro & Mau	ro investments el	क हैं
		4037 Virgini	A DY Address	FEB 26
		Orla	ndo FL 32706	
			City/State and Zip Code	<u>න</u> ද
		VICHTIA 0 d 0 E-mail address: (	40 hotmail.com	ication)
For furth	ner information co	ncerning this matter, please c	all:	
Vic	hria D'I Name of	Person		19990 e Telephone Number
Enclose	d is a check for th	e 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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Mauro & mauro Inv. (Name of the Limited	Liability Company as it now appears on our record. Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liab	oility Company were filed on	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	<b>考</b> 注册
(Principal office address MUST BE A STREET	ADDRESS)	
		26 CA
		3 136
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	City	lorida Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
Mbl	michal mauro Jr.	4037 Virginia Or Orlando Fl 32706	C Add
			□ Remove
			Change
AMBR	Miguel Santana	1769 Saddleback ridge rd Apopka Fl 32703	🗹 Add
			Remove
			Change
AMBK	Luis C Arroto	9819 Obriath cir Orlando Fl	A &
		32825 	P Remoye
			_☐ Change
	<u> </u>		Add
		<del></del>	Remove
			Change
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		······	□ Remove
			Change
			□ Add
		<del></del>	Remove
			☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessar	
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an effective d lote: If the	date, if other than the date of filing:	.) Pursuant to 605.02
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. h day after the record is filed.	on the earlier
ated	,	
<del></del>	Signature of a member or authorized representative of a member	<del> </del>
	·	

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Filing Fee: \$25.00