

06/07/16 01:02PM PDT '9543024976' -> 18506176381

.

	,	COVER LETTER		
TO: Registration S Division of Co				
LIZ SABC	GAL LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and feo(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Diego Figueroa			50
		Name of Person	2	R LOR
	E & F Latin Group LLC			RETARY
Firm/Company				
1820 N CORPORATE LAKES BLVD STE 109				HH 10:
Address			2. C.	
	WESTON FLORIDA 333	26		
	DIEGO@EFLATINACCO	City/State and Zip Code		
	÷	to be used for future annual report notificat	ion)	
For further information of	concerning this matter, please c	all:		
DIEGO FIGUEROA		954 384 8565 at ().		
Name o	f Person		lephone Number	
Enclosed is a check for t	5	C 655 00 Eiling Pro A		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS;	STREET/COURIER	ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporation	n s	
P.O. Box 6327 Tailahassee, FL 32314		Clifton Building 2661 Executive Conter Circle Tallahassee, FL 32301		

÷.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIZ SABOGAL 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 <u>02/08/2016</u> and assigned Florida document number <u>L16000026979</u>

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)	<u></u>
	主 范虹
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	10. I O T
	ि ि ि ि ि ि ि ि ि ि ि ि ि ि ि ि ि ि ि

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:		
New Registered Office Address:	Enter Florida street t	address
	City	_, FloriduZip 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR	ELIZABETH SABOGAL	2665 EXECUTIVE PARK DR	🗆 Vqq
		STE 2	C Remove
		WESTON, FL 33331	Change
			C Remove
			Change INSE
			Removed SRE
			□ Change ⋳ 05
	-		□ ∧dd 22 ' (j=1)
			C Remove
			Change
			Add
	、		Change
<u>-</u>			🗖 Add
			Remove
			Change

_		·····		
_				
_				
_		······································		
_		<u></u>		
				-
_				16 JUN -9
			_	
				La Fit
_				& <u>55</u>
				- mege
_				The second
_				?
				AFTIO: 24
-			<u> </u>	
E. Effectiv	ve date, if other than the date	of filing:	(optional) filing or more than 90 days after filing.)	Durauant to 605 0207 (3)(h)
Note: 1	if the date inserted in this block d	nes not meet the applicable statu	tory filing requirements, this date	will not be listed as the
docume	int's offective date on the Departm	nent of State's records.	•	
If the rec	ord specifies a delayed effe	ctive date, but not an eff	ective time, at 12:01 a.m.	on the earlier of:
(b) The	90th day after the record I	s filed.		
	0.6164	2016		
Dated	U6/U6			
		Courses and		
	Emailde ships	iuli		
	Signi	ture of a member or authorized repr	sectative of a member	
	ELIZABETH SABOGAL			
		Typed or printed name of	signed	
		· There of histories outline of	· •·•	
		Page 3 of 3		
		Filing Fee: \$25	.00	

D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

1