1600006359

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
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PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
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K. SALY FEB 2 2 2017

COVER LETTER

Division of C				
SUBJECT:	LOS ALTO	LOS ALTOS JASLICO LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	JOSE GUADALUPE PAD	DILLA MUNOZ		
		Name of Person		
		Firm/Company		
	6611 S DIXIE HWY Address			
	WEST PALM BEACH FL	. 33406		
		City/State and Zip Code		
	JOSE.GUADALUPE79@C			
	E-mail address: (to be used for future annual report not	ification)	
For further information	n concerning this matter, please c	all:		
JOSE GUADALUPE	PADILLA MUNOZ	561 531-1779 at ()		
Nam	e of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check fo	r 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 enclose	

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

2017 EL
2017 FEB 21
2017 FEB 21 PH 3: 54

Zip Code

		14021
LOS ALTOS JASLIC	O, LLC	SO LAMASSEE FLORID.
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab		S.) LEMASSE OF SIZE
(A Profita Chineu Liat	antry Company)	TEC. FLORID.
The Articles of Organization for this Limited Liability Company we	ere filed on 03/30/2016	and assigned
Florida document number L16000063594		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
LOS ALTOS JALI	SCO, LLC	
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)		
-		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres.	<i>y</i>
	. Flo	orida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILEU MGR = Manager 2017 FEB 21 PM 3: 54 AMBR = Authorized Member **Type of Action** Title **Address** Name □ Add □ Remove ☐ Change ☐ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	Fine I i
	2017 FEB 21 PM 3: 54
	- PM 3:54
	FALLAHASSES FOR STATE
	- St.E. FTORIO
	7497.
Efforting data if other than the data	02/16/2017
Effective date, if other than the dat If an effective date is listed, the date must be:	te of filing:(optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Depar	tment of State's records.
	fective date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record	is filed.
PEDDILADV 15	2017
Dated	2017
/	
	36 Naailla
Sigi	iature of a member or authorized representative of a member
	JOSE GUADALUPE PADILLA MUNOZ
	VOGE GONDALOT ET ADIDEA MONOL

Page 3 of 3

Filing Fee: \$25.00