## L16000084315

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

Divisi	ion of Corp	oorations				
 	46 COVE	NT LAGO MAR, LLC				
		Name of Limi	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	II correspoi	idence concerning this matter	to the following:			
		Luis Carlos Ormo Pinango				
			Name of Person	<del></del>		
		146 COVE AT LAGO MA	R, LLC			
Firm/Company						
151 N Nob Hill Road, Suite 138						
			Address	···		
		luisormo@yahoo.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notif	ication)		
For further info	ormation co	ncerning this matter, please ca	ill:			
Luis Carlos Ormo Pinango			954 821-2991			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is a c	heck for the	e following amount:				
■ \$25.00 Fili	ng 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:

TO:

**Registration Section** 

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

(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   Out/28/2016  Florida document number  L16000084315  This amendment is submitted to amend the following:	and assigned				
Florida document number 1.16000084315  This amendment is submitted to amend the following:	and assigned				
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 abb	hroviation "L.L.C."				
LIC CONTENT LA CONTAIN LEC	previation 1.15.C.				
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  151 N Nob Hill Road, Suite 138	151 XUNE IL 1000 D 4 Sect. 120				
Plantation, Florida 33324					
Enter new mailing address, if applicable: 146 COVE AT LAGO MAR, LLC					
Mailing address MAY BE A POST OFFICE BOX)  151 N Nob Hill Road, Suite 138	151 N Nob Hill Road, Suite 138				
Plantation, Florida 33324	Plantation, Florida 33324				

## 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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			☐ Remove
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			Add
		<del></del>	□ Remove
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Note:	If the date inser	er than the date I, the date must be s ted in this block d ate on the Depart	oes not me	et the applic	able statuto	ing or more th ry filing requ	( <b>opti</b> on 90 days after airements, this	onal) tiling.) Purs s date will r	uant to 605.02 not be listed
		a delayed effer er the record		te, but no	ot an effe	ctive time,	at 12:01 a	a.m. on tl	ne earlier
Dated	September 24	<del></del>		2018					
				Po	- -	_ P	iember		
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Filing Fee: \$25.00