LH6000090330

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
ello irot.	EDILBERTO I	DAVILA MARIN LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		IRMA VALENTIN	
		Name of Person	
		Firm/Company	
		3919 BOWFIN TRAIL	
		Address	· ······
		KISSIMMEE FL 34746	
		City/State and Zip Code	
		AVILA1948@YAHOO.COM to be used for future annual report not	(Costion)
For further information	concerning this matter, please ca	·	meanony
IRMA VALENTIN		407 288-7648	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	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 enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

EDILBE	RTO DAVILA MARIN LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000090330	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5
• • • • • • • • • • • • • • • • • • • •		3 7
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		ت <u>بر</u>
3. If amending the registered agent and/or regi	· -	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip 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

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>	<u>Name</u>	Address	Type of Action
MGR	EDILBERTO DAVILA MARIN	3919 BOWFIN TRL	
		KISSIMMEE, FL 34746	■ Remove
			Change
			□ Add
			□ Remove
			□ Change
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fective (in effective	date, if other than the date of filing: (op ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aff	itional) Per filing) Pursuant to 605.020
<u>ote:</u> If tl	he date inserted in this block does not meet the applicable statutory filing requirements, the	his date will not be listed a
cument'	's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of
The 90	Oth day after the record is filed.	<u>=</u>
	OCTOBER 13TH 2016	16 O
ited	OCTOBER 13TH 2016	OCT
	•	
	` ^	7

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Typed or printed name of signee

Filing Fee: \$25.00