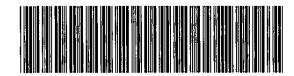
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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D. SCOTT **OCT** 2 6 2016

COVER LETTER

TO:		istration Se ision of Cor				
OVID V	n om	LOS GENE	CRALES LLC			
SUBJ	ECT:		Name of Lim	ited Liability Company		
			Amendment and fee(s) are sub	-		
			GABRIEL CALLEGAS C	HAVERO		
				Name of Person		_
			LOS GENERALES LLC			⊣
				Firm/Company	<u> </u>	- ALC SECO
			2901 CURRY FORD RD			OCT 2
				Address		T 24 AM TARY OF S NASSEE, FL
			ORLANDO			FLOOR
	City/State and Zip Code					ATE RIDA
			INFO@TAXACENTER.CO	OM to be used for future annual report	notification)	-
For fu	ırther in	nformation c	oncerning this matter, please ca		nonneamon)	
			CHAVERO	321 297-0278	8	
		Name o	f Person	at () Area Code Da	ytime Telephone Numb	per
Enclo	sed is s	a check for th	ne following amount:			
		Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & cd Copy nal copy is enclosed)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations	Registration Se Division of Co	rporations	
		Divisio			rporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS GENERALES LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number L16000183755	ility Company were filed on 09/30/2016 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	FOR A D
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	GABRIEL CALLEJAS CHAVERO
New Registered Office Address:	Enter Florida street address
	Emer Provida Meet address
	. Florida

New Registered Agent's Signature, it 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, thereby 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 L	Address	Type of Action
MRG	GABRIEL CALLEGAS CHAVER	2901 CURRY FORD DR	
		ORLANDO FL 32806	□ Remove
	ſ.		☐ Change
MRG	GABRIEL CALLEJAS CHAVERO	2901 CURRY FORD DR	■ Add
		ORLAANDDO FL 32806	Remove
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te: If the date inserted in	his block does no	t meet the appli	icable statutory 1	iling requirements	s, this date will no	t be listed
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he 90th day after th	e record is me	u.				
OCTOBER 18	- .	2016				
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χ	Signature) of	a member or aut	horized representa	ntive of a member		_목 -
			•		SS E	2
GABRIEL CALL	EJAS CHAVERO)				24
		Typed or pri	nted name of signs	<u> </u>	• न	7

Page 3 of 3

Filing Fee: \$25.00