

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : ARIAS TOVAR & ASSOCIATES, P  
 Account Number : I20000000125  
 Phone : (954) 385-2284  
 Fax Number : (954) 385-8864

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**NAVARRO STATES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. BRUCE  
 NOV 08 2016

11/07/2016 17:02

(FAX)

P.005/008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAVARRO STATES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ILEANA ARIAS TOVAR

Name of Person

ARIAS TOVAR & ASSOCIATES PA

Firm/Company

2250 NW 136TH AVE

Address

PEMBROKE PINES FL 33028

City/State and Zip Code

iaras@ariastovar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ileana Tovar

Name of Person

954

at ( )

Area Code

3852284

Daytime 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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAVARRO STATES 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 10/14/2016 and assigned  
Florida document number: L1600019604.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(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 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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE MANUEL NAVARRO	LA TAHONA PH2B CARACAS V	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARLA NAVARRO	12710 SW 119 ST MIAMI FL 3318	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(attach additional sheets, if necessary)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph is 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated NOVEMBER 04, 2015

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

JOSE A. NAVARRO

\_\_\_\_\_  
 Typed or printed name of signer

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Filing Fee: \$25.00

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