

L17000001048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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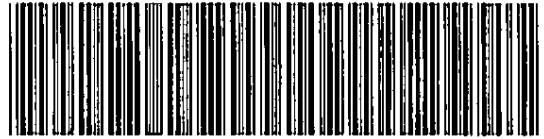
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 11 PM 12:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOS MAGNIFICOS 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:

VICTOR G LOPEZ CALDERON

Name of Person

LOS MAGNIFICOS LLC

Firm/Company

6160S MAGNOLIA AVE

Address

OCALA, FL 34471

City/State and Zip Code

LOSMAGNIFICOSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

VICTOR G LOPEZ CALDERON

321

8051423

at ()

Name of Person

Area Code

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOS MAGNIFICOS 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 01/09/2017 and assigned
Florida document number L17000006048.

This amendment is submitted to amend the following:

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 abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6160 S MAGNOLIA AVE

OCALA, FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6160 S MAGNOLIA AVE

OCALA, FL 34471

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:

New Registered Office Address:

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>
AMBR	JOSE P PAREDES RODRIGUEZ	609 GROVES END LN	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE P PAREDES RAMOS	609 GROVES END LN	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Starting 01/04/2018 the partnership between the parties is dissolved, only the initial partner Victor G Lopez C

and son will continue with the company.

Both parties agree to keep what in the beginning each party contribute. As is it:

Jose P Paredes Rodriguez and Jose Patricio Paredes Ramos will be removed from the company

LOS MAGNIFICOS LLC, stating 01/04/2018. This both parties will take with them all the Assets listed

- Dodge 2012 \$25,000

-Chevrolet 2005 \$10,000

- Wash Pressure \$ 9,000

- Trailer \$ 8,000

- Other equipment value on \$ 2,000

As well each party agree to keep the same quantity of clients Listed as :

Jose P Paredes Rodriguez and Jose Patricio Paredes Ramos will continue service the Hotels value for \$1,050

each month, and the other parties VICTOR G LOPEZ CALDERON AND VICTOR ALEJANDRO LOPEZ L

will continue service the Medical Plaza value for \$1,000 each month.

The Business account will stand with the original Partners VICTOR G LOPEZ CALDERON AND

Victor Alejandro Lopez. The initial check for company will be Check #

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TALLAHASSEE, FLORIDA

18 JAN 11 PM 1:16

E. Effective date, if other than the date of filing: 01/04/2018 (optional)

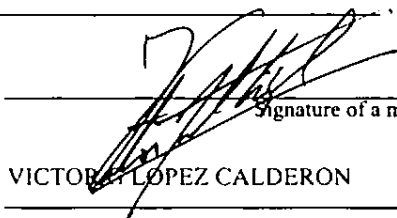
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 01/04/2018



Signature of a member or authorized representative of a member

VICTOR G LOPEZ CALDERON

Typed or printed name of signee