L17000080621

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	are Plants	lo Berch	LLC
300,001.22	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Dlanca satura all comune	ondence concerning this matter	to the following	
riease return an correspo	ondence concerning this matter	to the following.	
	_CESAR		SR
		Name of Person	
	J_	fotespec	
	•	Firm/Company	
	608 S	: 22 2d S/p	ee+
		Address	
	T0 m 24	FL 33601	-
		City/State and Zip Gode	·
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please co	aff:	
	7 /		22.00
<u>CESAR</u>	of Person		me Telephone Number
Name	n reison	Area Code Dayti	me reiephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COUR	HER ADDRESS:
	ration Section	Registration Sect	
	on of Corporations ox 6327	Division of Corp Clifton Building	orations
	assee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT

2017 JUL 24 AM 11:52 ARTICLES OF ORGANIZATION ame 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 April 10, 2017 and assign Florida document number <u>L17000080621</u> 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 "LLC." Enter new principal offices address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

om our records:	nage, enter the title, name, and address of each	person being audi
nager thorized Member		
Name	Address	Type of Action
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	TAMPA, F.Z. 336/1	■ Remove
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	nager thorized Member	nager thorized Member Name Address E270 I Lopez 5306 E. Longbort Blud. TAMPA, F.L. 33611

mending any other information, ent	er change(s) here: (Att	ach additional sheets, if ne	cessary.)
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ective date, if other than the date of the effective date is listed, the date must be specificated.	filing: ic and cannot be prior to date o	of filing or more than 90 days aft	tional) er filing.) Pursuant to 605.0207 (3)
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Signature	of a member or authorized re	presentative of a member	·
CESSER J.	Typed or printed name	- b	
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Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2017

CESAR J LOPEZ SR AUTOTRANZE 608 S 22ND ST TAMPA, FL 33605

SUBJECT: LOPEZ PALMETTO BEACH "LLC"

Ref. Number: L17000080621

We have received your document for LOPEZ PALMETTO BEACH "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing the first page of the amendment. Enclosed is the missing page for your convenience. Please complete hi-lited areas and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00013882