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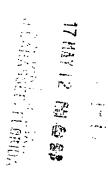
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lopez Interior LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Livany Lopez Name of Person
Lopez Interior LLC Firm/Company
223 W 16 St Address
Hi caleah, FL 33010 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Livary Lopez at (305) 297 9355  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
§ \$25 Filing Fee

INHS18 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lopez Int	erior LLC
(Name of the Limited Liab (A Flori	illty Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 47 000097415	Company were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if of (If an effective date is I Note: If the date in document's effective the record specific	isted, the date maserted in this between the late on the late of the late and the l	ust be specific and plock does not reduced to the plantment of State and th	d cannot be prior of meet the applica State's records. date, but not	ble statutory t	iling require	nents, this d	ing.) Pursu ate will n	ot be lis	ted as tl
The 90th day  Dated $5/8$	after the re		, )						
<del></del>		Signature of a	member or autho	rized representa	tive of a meml	er			

Page 3 of 3

Filing Fee: \$25.00