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(((H170001660243)))



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Account Name : LISETTE PIE SALAZAR PA

Account Number : I20120000076 Phone : (305)361-6161

Fax Number : (305)361-6168

2011 JUH 22 AM 10: 25
SECRETARY OF STATE
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BOLT JUN 22 AN BENNE SECHCTANGTON STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOBO'S REPAIR & MAINTENANCE LLC

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JUN 23 2017

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## **COVER LETTER**

,	istration Sec ision of Corp			
erm ve core.	Hobo's Repa	air & Maintenance LLC		
SUBJECT:		Name of Limit	ed Liability Company	<del></del>
The encloses	d Articles of a	Amendmen: and fee(s) are subn	nitted for filing.	
		Lisette Salazar, Esq.		
			Name of Person	<del></del>
		Lisette Pie Salazar PA		
			Name of Limited Liability Company  and fee(s) are submitted for filing.  cerning this matter to the following:  Salazzr, Esq.  Name of Person  Pic Salazzr PA  Firet/Company  andon Blvd. #311  Address  scayne, F1. 33149  City/State and Zip Code  rlaw@aol.com  E-mail address: (to be used for furire annual report notification)  his matter, please call:  at ( Area Code Daytime Telephone Number)  g amount:  00 Filing Fee & Certified Copy (additional copy is snelosed)  Certificate of Status & Certified Copy (additional copy is enciosed)  RESS:  STREET/COURIER ADDRESS: Registration Section Division of Corporations	
		200 Crandon Blvd. #311		
Address				
		Key Biscayne, Fl. 33149		
			City/State and Zip Code	
		lpsalazarlaw@aol.com		<del></del>
				canon)
For further	information o	onceming this matter, please or	ill:	
Lisette Sala	1721			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for t	he following amount:		
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327	Registration Section	n ations

Tallahassee, FL 32301

lin. 22. 2017 7:49AV

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Hobo's Repair & Maintenance LLC

Chi del Tillia	iability Company as it now appears of	
Change of the Lumited	.iibiiit Lambany as it now appears o	,,, ,,,, , , , ,,,,,,,,,,,,,,,,,,,,,,,
	Clouds Limited Lightliny Company)	

(A Florida Euri	med Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000104607	pany were filed on $\frac{\mathrm{May}\ 10, 20}{\mathrm{May}}$	and assigned
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRES	<u>s</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our i <u>s here</u> :	ecords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	
	City	Florida
and the second s	- •	)
New Registered Agent's Signature, if changing Registered A  I hereby accept the appointment as registered agent and		in I further gover to comply wi
provisions of all statutes relative to the proper and com	plete performance of my du	ties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

## -- 22(...2017000106024 3)))

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	Address	Type of Action
mgr	Jordyn Castro	13818 SW 152 St. #237	
		Miami , Fl 33177	<b>=</b> Remove
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If amending any other information, er	ater change(s) bere: (4/16	ach additional sheets, if n	ecessary.)	
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Effective date, if other than the date o	of filing:	(or	otional)	
(If an effective date is listed, the date must be spec Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable sta	of tiling or more than 90 days a stutory filing requirements,	this date will not	t to 605,0207 (3) be listed as the
the record specifies a delayed effec The 90th day after the record Is		effective time, at 12:0	l a.m. on the	earlier of:
June 21,	2017			
⊅ai⇔	<u> </u>	<del></del>		
	1 Pari	2605	<u> </u>	
Signatu	ire of a member or authorized re	epresemative of a member		
Lisette Salazar, Incorporator				

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