117000185127

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HARRIS

COVER LETTER

TO: Registration Section

Division of Cor			
SUBJECT:	1 y Lotto P	ool LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dai	Name of Person	
	My	Lotta Pool L Firm/Company	LC
a			
	6271/	VW 13th st	
		71001000	
	Sunrise	FL 3331	3
	David.	FL 3331 City/State and Zip Code Suriel a Gmai to be used for future annual report notif	1. Com
For further information c	oncerning this matter, please ca	all:	
~		at (<u>5 6 l</u>)	2-2770
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2017

DAVID SURIEL 6271 NW 13TH ST SUNRISE, FL 33313

SUBJECT: MY LOTTO POOL LLC Ref. Number: L17000185127

We have received your document for MY LOTTO POOL 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by — one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00020621

26:31 Hg - 92 (26) 1107

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Mylotto Pool LL	_
/(Name of the Limited Liability Company as it now appea	irs on our records.)
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	01.
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number $\underline{L1700018512}$.	8/30/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	* 123 eg:
(Principal office address MUST BE A STREET ADDRESS)	E) 4
	F-O
Enter new mailing address, if applicable:	54 54
* * * * * * * * * * * * * * * * * * * *	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:	n our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	, Florida
City	Ziv 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 Title | <u>Address</u> Type of Action <u>Name</u> Toel Castillo 6887 Houlton Civioxad Lake Worth, FL 3346 TREMOVE _□ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change 17 OC Remove _🗆 Cliange □ Add □ Remove

☐ Change

		
 		
		
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	* }	
ive date, if other than the date of filing: betive date is listed, the date must be specific and ca		(optional)
If the date inserted in this block does not medent's effective date on the Department of Stacord specifies a delayed effective date 90th day after the record is filed.	et the applicable statutory filing r te's records.	requirements, this date will not be liste
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10/2//17		/ //
(
Signature of a me	fiber or authorized representative of	a member
Signature of a me	mber or authorized representative of	a member 27 OC

Filing Fee: \$25.00