L17000218006

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(Address)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	tration Section of Corp			·
CUBICO	LOT	& BLOCK, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	II correspor	ndence concerning this matter	to the following:	
		JOHNIER DUROSIER		
			Name of Person	
		LOT & BLOCK		
			Firm/Company	
		33 NE 168 ST		
			Address	
		MIAMI FL 33162		
			City/State and Zip Code	
		Ddjohn.reps@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For further info	rmation co	ncerning this matter, please ca	all:	
OHNIER DUROSIER 305 965-5888 at ()				
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a ch	neck for the	e following amount:		
■ \$25.00 Filir	ng 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 enclose)

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

Lot & Blo	ock
(<u>Name of the Limited Liabili</u> (A Florid	lity Company as it now appears on our records.) lla Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L17000218006	Company were filed on OCTOBER 20, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
•	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDI</i>	(DECC)
Frincipal office address MOST BE A STREET ADDI	—————————————————————————————————————
Enter new mailing address, if applicable:	HAR -5
(Mailing address MAY BE A POST OFFICE BOX)	P
	7: 36 7: 36
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the ne</u> dress 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>	Address	Type of Action
AMBR	EVELYNE G BOBO	16548 SW 32ND ST MIRAMAR F	∃ Add
			☐ Remove
			Change
			Add
			_ □ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
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fective date, if other an effective date is listed, the ote: If the date inserted becument's effective date	e date must be spe in this block do	cific and cannot be es not meet the	applicable sta	2018 of filing or more stutory filing re	than 90 days aft	ional) er filing.) Pursua ús date will no	nt to 605.020 t be listed a
record specifies a The 90th day after			ut not an e	ffective tim	e, at 12:01	a.m. on the	earlier (
ned March	1	. 20	18				
		1-2	2				
-	Signar	of a member	or authorized re	presentative of	ı member		

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Filing Fee: \$25.00