48000004277

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

Division of Co	rporations	•	
SUBJECT:	LC	PRIBELA LLC	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		MARC MANI	
		Name of Person	
		BAABA CONSULTING	
	•	Firm/Company	
201 S BISCAYNE BLVD SUITE 2800			
		Address	
MIAMI FL 33131 City/State and Zip Code			
		BAABACONSULTING.COM to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	·	,
MARC MANI		786 985-7336 at ()	
Name o	of Person		Telephone 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	JING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LORIBE	ELA LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Lia Florida document number L18000004277	ability Company	y were filed on	and a	assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited lial	bility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "LLC" or the a	abbreviation "	·L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET		N/A	15	NY S	
	•	N/A	#A	SION	,
Enter new mailing address, if applicable:		N/A	15 A	FILED TARY OF OF CORF	بهر نزره دور
(Mailing address MAY BE A POST OFFICE BOX)		N/A	<u> </u>	OR A	
		N/A	£	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off			the name	e of the ne	<u>:w</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
		, Florida			
		City	Zip Cod	e	

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	FETSABEL HOLDING LLC	413 NE 191ST ST UNIT 205	 _ Add
		MIAMI, FL 33131	□ Remove
			☐ Change
MGR	RIAD BELARBI	413 NE 191ST ST UNIT 205	. ■ Add
		MIAMI,FL 33131	□ Remove
			Change
			_ □ Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
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			□ Remove
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	N/A		
			
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ife	ctive date, if other than the date of filing: (optional)		
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will		
	ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the e	arlier
111			
	A A		
	d <u>May 8</u> , 20/8.		
	d May 8, 2018.		
	d May 8, 20/8. Hussaid Signature of a member or authorized representative of a member		_

Page 3 of 3

Filing Fee: \$25.00