## 118000128050

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SELÆTIÁRY ÖF STÁTE HARROL JORDOZÁTIOM

and

AUG 0 3 2018 D CUSHING

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR								
DOCUMENT NUME	BER:							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.						
Please return all corres	pondence concerning this ma	tter to the following:						
	ENRIQUE OROPEZA							
	Name of Contact Person							
	C & A SOMBRERO, LLC  Firm/ Company  3701 PARADISO CIR  Address  KISSIMMEE, FL 34746							
		Firm/ Company						
	Address							
	KISSIMMEE, FL 34746							
	-	City/ State and Zip Code	<u> </u>					
ginac	reo@hotmail.com							
	_	sed for future annual report	notification)					
For further information	a concerning this matter, pleas	se call:						
ENRIQUE OROPEZA		at (	692-5561					
Name of Contact Person		Area Code & Daytime Telephone Number						
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, F1, 32301					



July 20, 2018

ENRIQUE OROPEZA C & A SOMBRERO, LLC 3701 PARADISO CIR KISSIMMEE, FL 34746

SUBJECT: C & A SOMBRERO, LLC

Ref. Number: L18000128050

We have received your document for C & A SOMBRERO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 618A00014909

RECEIVE:

18 JUL 30 PH 2:
SEGRETARY OF 5 PH

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111

C+H SOM PRETO	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 18000 12805</u> D	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A 5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A 9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:  N/A	
New Registered Office Address.	Enter Florida street address

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.

City

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 Type of Action <u>Title</u> Name VPRE ENRIGUE D. Oropeza 3701 Paradiso Gir. Add Kissiyuse, H.34746 KRemove VPRE Georgina Olopeza 3701 Paradiso Gir. XAdd L'SSIMMU, F1.34746 Rem Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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an effective date ofer If the da	is listed, the date inserted in	n the date of f ate must be specifi this block does t the Department	e and cannot be not meet the ap	oplicable statut	ling or more than ory filing requi	optional (optional) 90 days after filin rements, this dat	() g.) Pursuant to 605.020 e will not be listed a
e record spo The 90th d	ecifies a de ay after th	layed effective e record is fil	ve date, bu ed.	t not an effe	ctive time, a	at 12:01 a.m	. on the earlier o
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		Signature	of a sember or	authorized repre	sentative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00