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(Requ	uestor's Name)	
(Addı	ess)	
(Addi	ress)	
(City/	State/Zip/Phone #)	<u> </u>
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COVER LETTER

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SUBJECT:		OBLES, LLC.		
SUBJECT.		Name of Limi	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Mitchell Stovring		
			Name of Person	
		Southwest Professional	Services of So. FL, Inc	
			Firm/Company	
		13571 McGregor Blvd #2	22	
			Address	
		Fort Myers FL 33919		
			City/State and Zip Code	
		southwestprofserv@earth		
For further i	information co	h-mail address; (to oncerning this matter, please ca	to be used for future annual report notifi th:	cation)
Mitchell St	ovring		239 481-4444	
	Name of	l Person	at () 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)

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

Grupo Robles, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/26/2018 and assigned Florida document number L18000159375 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 "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

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
MGR	Carlos F Ojeda Suarez	1443 Del Prado Blvd Ste B	
		Cape Coral FL 33990	□ Remove
			# Change
			☐ Remove
			Change
			Add
			Remove
			ED Remove
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ective date, if other than to affective date is listed, the date in this rument's effective date on the	oust be specific block does n	and cannot be pric ot meet the appli	cable statutory f	or more than 90 days	optional) after filing.) Purs , this date will	suant to 605,02 not be listed
record specifies a delay he 90th day after the r			ot an effectiv	e time, at 12:0	01 a.m. on t	:he earlier
July 15 ed		2018				
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Page 3 of 3

Filing Fee: \$25.00