

L19000005417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

JUL 18 2019

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2BOBLIVIOUS

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISABEL SALEM

Name of Person

LOMBARDI OF SUNRISE

Firm/Company

11130 WEST OAKLAND PARK BOULEVARD

Address

SUNRISE, FL 33351

City/State and Zip Code

LOMBARDIOSUNRISE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL SALEM

754

423 6000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

2BOBLIVIOUS

(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 01/03/2019 and assigned
Florida document number L19000005417.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOMBARDI OF SUNRISE, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

11130 WEST OAKLAND PARK BOULEVARD

SUNRISE, FL 33351

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:

ISABEL SALEM

New Registered Office Address:

13841 NW 23 ST

Enter Florida street address

PEMBROKE PINES

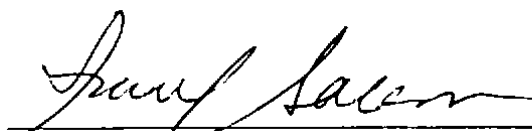
City

Florida 33028

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEN MARC	17011 NW 17 STREET PEMBROKE PINES, FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ISABEL SALEM	13841 NW 23 ST PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
MGR	RUSSELL GOVEY	6927 WEST SUNRISE BLVD SUNRISE, FL 33313	<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
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			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 5, 2019

Ken Yane
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

[REDACTED]

KEN MARC, MAR
Typed or printed name of signer

Typed or printed name of signee