L030000 47798

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NAME OF THE PARTY

COVER LETTER

TO:	Registration Section
	Division of Corporation

BRAVO PROPERTIES, LLC

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:

MAGALI B GARMENDIA		
Name of Person		
Firm/Company		
8435 SW 81ST TER		
Address		
MIAMI, FL 33143		
City/State and Zip Code		
MAGALIGARMENDIA@GMAIL.COM		

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

For further information concerning this matter, please call:

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U		S	\neg	\Box	┅	ı

at (<u>303</u>)

753-7271

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

BRAVO PROPERTIES,				
(<u>Name of the Limite</u>	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number L0300047798 This amendment is submitted to amend the following the control of the	bility Company were filed on 11/		and ass	igned
A. If amending name, enter the new name of	the limited liability company her	·e:		
in amending name, <u>enter the new name or</u>	The transfer of the party than	<u>-</u> .		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the d	esignation "LLC" or the a	abbreviation "I	L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			
				
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:	MAGALI B GARMEND	IA		
New Registered Office Address:	8435 SW 81ST TER			
ttow itogistered office radicess.	Enter Florid	la street address	د ر	
	MIAMI	, Florida <u>33</u>	3143 -	7
	City	, <u> </u>	Zip Code	***
New Registered Agent's Signature, if changing Re	egistered Agent:			• •
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this company has	r and complete performance of n tered agent as provided for in Cl egistered office addr ess, Thereby	ny duties, and I am f hapter 605, F.S. Or,	familiar wit if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> <u>Name</u> □ Add _□ Remove ☐ Add ☐ Remove □ Remove _□ Add₁₂ _□ Remove _□ Add _□ Remove

).	If amen	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	_	
	_	
		
Ξ.	Effectiv	ve date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
		this document is filed by the Florida Department of State)
	Dated J	JULY 31 2014
		Signature of a member or authorized representative of a member
		MÁGALI B GARMENDIA
		Typed or printed name of signee

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Filing Fee: \$25.00