L09000017542

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T. CLINE

FEB 1 3 2012

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Labrea ir	nvestments, LLC		
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		•		
		Leslie Fuentes		
,	4 - 10-2	Name of Person		
	La	brea Investments, LLC		
		5910 SW 84 Street.		
		Address		
		Miami, Fl 33143		
		City/State and Zip Code	2	
	lesli	efuentes@bellsouth.net to be used for future annual report notification	2012 FEB 10	,
For further information	concerning this matter, please of	all:	Film Fre	Pat J
Le	eslie Fuentes	at (786) 663	0294 55 To Schone Number	
Name	of Person	Area Code & Daytime Telep	shone Number	
Enclosed is a check for t	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)	
	ING ADDRESS	CTDDET/COURTED A	DDDDCC	

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

- Lapra I	huest Ments	o LUC	
(Name of the Limited Lial (A Flor	pility Company as it now appearida Limited Liability Company)	rs/on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	Miami	and assigned
Florida document number L09000077542	<u>2</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A)	DDRESS)		2
			7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Q		
		•	कुनि 🔏
B. If amending the registered agent and/or re		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office	address nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	,	, Florida	
	Citv		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1 0/00

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRN	Andres Fuentes	765 Crandon Blv. Suite 1 Miami, Fl 33143	09
	_		Add Remove
<u> </u>			— <u> </u>
<u>-</u>			T Domasso
			Add Remove
			Add Remove
D. If ar	nending any other informa	ation, enter change(s) here: (Attach additional sheet	160 761
		·	
Dated _	02/07/	2017. Am	
	Sig	gnature of a member or authorized representative of a member before the control of the control o	nber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00