

116000146269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

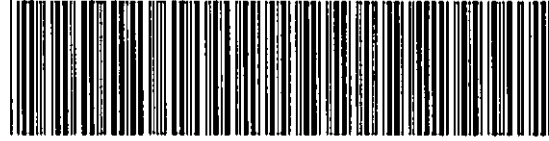
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700302281117

08/09/17--01011--006 **25.00

2017 AUG -9 PM 4:38
OFFICE HARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
AUG 10 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LBRE I, 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:

Paul C. Cipparone

Name of Person

Cipparone & Cipparone, P.A.

Firm/Company

1525 International Parkway, Suite 1071

Address

Lake Mary, Florida 32746

City/State and Zip Code

pcipparone@cipparonepa.com

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

For further information concerning this matter, please call:

Paul C. Cipparone

321 275-5914
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**

LBRE I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 AUG -9 PM 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 4, 2016 and assigned Florida document number L16000146269

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 abbreviation "L.L.C."

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

_____, **Florida** _____
City 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>
AMBR	DEARCOS, MIGUEL	P.O. Box 3008	<input type="checkbox"/> Add
		Winter Park, Florida 32790	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEARCOS, MIGUEL	P.O. Box 3008	<input checked="" type="checkbox"/> Add
		Winter Park, Florida 32790	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dominic Nori	1959 Bridgewater Drive	<input checked="" type="checkbox"/> Add
		Lake Mary, Florida 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 AUG -9 PM 3:38
 SOUTHERN PART OF STATE
 ALLIANCE FT. DRIB

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2017 AUG -9 PM 4:38
FILED
TALLAHASSEE COUNTY FLORIDA
CLERK OF CIRCUIT COURT

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 25, 2017

Signature of a member or authorized representative of a member

Miguel de Arcos

Typed or printed name of signee