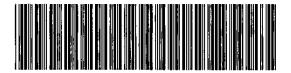
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SECRETARY TO SATISTICATE OF STATES

UL 18 2014 J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corpor		1	
SUBJECT:	DAUBY C Name of Limit	others, LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	· · · · · · · · · · · · · · · · · · ·	Wlos Gi	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	<u></u>
	3910 W19	ST FLAGLER	Stud
		Address	
	miami	FL 33/3 (City/State and Zip Code	<del>/</del>
<u>.</u>	CARLOS	CHALOS A LIO be used for future annual report not	ipA.com
			iriqation)
For further information conc	<u> </u>		10.000
Name of Pe	rson	at (30) // Area Code Daytin	ne Telephone Number
Enclosed is a check for the for	ollowing amount:		
□ S25.00 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

# TO ARTICLES OF ORGANIZATION **OF**

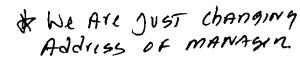
DANBroth	ers, LLC
(Name of the Limited Liability Compan (A Florida Limited Limited Liability Company of Co	1 1 /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."    1395 Brickell AVE   Suite 490   miami, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:  1395  m	Brich/ Ave, 5v, he 190,  Enter Florida street address  1 Ami, Florida  City  Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agre	ee 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

Page 1 of 3

# Authorized Member being added or removed from our records:



MGR = Manager AMBR = Authorized Member Title **Type of Action** Name **Address** RAUL E. DAVILA 1395 Brichell AVE DANG SVITE 690 Remove MIAMI, FL 33/31 □ Add ☐ Remove \_□ Add \_□ Add ☐ Remove □ Add ☐ Remove

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effective date must	be specific, cannot be p	prior to date of receipt or filed date	and cannot be more th	(optional) an 90 days after
e effective date must e date this document	be specific, cannot be p	prior to date of receipt or filed date	and cannot be more th	(optional) an 90 days after

Page 3 of 3

Filing Fee: \$25.00

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