

L05 000043803

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : E ALEX ORTIZ, CPA, PA
Account Number : I2018000017
Phone : (305)340-2000
Fax Number : (786)953-6246

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LLPB INVESTMENTS, L.L.C.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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2021 JUN 22 AM 10:48
DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLPB INVESTMENTS, L.L.C.
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:

ALEX ORTIZ, CPA
Name of Person
E ALEX ORTIZ, CPA, PA
Firm/Company
2727 PONCE DE LEON BLVD
Address
CORAL GABLES, FL 33134
City/State and Zip Code
ALEX@ALEXORTIZCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ORTIZ, CPA at 305 340-2000
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LLPB INVESTMENTS, L.L.C.

(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 5/3/2005 and assigned Florida document number L05000043803.

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)

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2021 JUN 22 AM 10:48
CLERK OF CIRCUIT COURT
TALLAHASSEE FLORIDA

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: ORTIZ, ALEX

New Registered Office Address: 2727 PONCE DE LEON BLVD
Enter Florida street address

CORAL GABLES, Florida 33134
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.


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>
VP	BENTIN, PATRJCIA	MALECON DE LA MARINA 800	<input type="checkbox"/> Add
		MIRAFLORES 1701	<input checked="" type="checkbox"/> Remove
		LIMA, LIMA PE	<input type="checkbox"/> Change
MGRP	BENTIN, LUIS P	JACINTO LARA 264	<input type="checkbox"/> Add
		SAN ISIDRO	<input checked="" type="checkbox"/> Remove
		LIMA, LIMA PE	<input type="checkbox"/> Change
MGR	BENTIN, PATRJCIA	MALECON DE LA MARINA 800	<input type="checkbox"/> Add
		MIRAFLORES 1701	<input checked="" type="checkbox"/> Remove
		LIMA, LIMA PE	<input type="checkbox"/> Change
MGR	BENTIN, LUIS P	JACINTO LARA 264	<input checked="" type="checkbox"/> Add
		SAN ISIDRO	<input type="checkbox"/> Remove
		LIMA, LIMA PE	<input type="checkbox"/> Change
MGR	BENTIN, PATRJCIA	MALECON DE LA MARINA 810	<input checked="" type="checkbox"/> Add
		DPTO 1701, MIRAFLORES	<input type="checkbox"/> Remove
		LIMA, LIMA PE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 5/20/2021 (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 X May 31st 2021

Signature of Patricia Bentin

Signature of a member or authorized representative of a member

PATRICIA BENTIN

Typed or printed name of signee

FILED 2021 JUN 22 AM 10:49 DEPARTMENT OF STATE AMASSSEE FLORIDA

Filing Fee: \$25.00