

LOG 0000 66372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

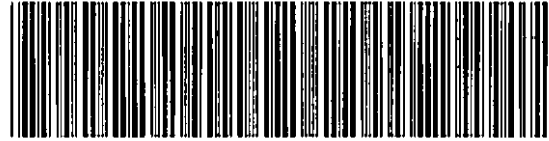
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/19--01011--015 **25.00

2019 OCT 15 AM 9:30

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: INVERSIONES BRICKELL 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

PRATS FERNANDEZ & CO PA

Name of Person

PRATS FERNANDEZ & CO PA

Firm/Company

990 PONCE DE LEON BLVD STE 1110 PH

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADMIN@PRATSFERNANDEZ.COM

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

For further information concerning this matter, please call:

BERENICE HPIA-FELICIANO at (305) 444 1644
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

INVERSIONS BRICKELL, LLC.

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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>
MGR	Sabogal, Angela M	45 Ivan Allen Jr. Blvd, NW Unit 2203	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Arbelaez Echeverry, Juan Carlos	45 Ivan Allen Jr Boulevard 2203	<input type="checkbox"/> Add
		Atlanta, GA 30308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Marino-Aristizabal, Claudia L.	45 Ivan Allen Jr Boulevard 2203	<input type="checkbox"/> Add
		Atlanta, GA 30308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 805.0207 (3)(b)

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.

2014

CLAUDIA E. MARINO, ARISTIZABAI

Filing Fee: \$25.00