

7/25/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L09000085247

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

From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

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TALLAHASSEE, FLORIDA

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
JOSABRO INVESTMENTS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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K. SALY

JUL 26 2017

FAX COVER SHEET

TO	Florida Department of State Division of Corporations
COMPANY	
FAXNUMBER	18506176383
FROM	Monahan Mijares CPA Monahan Mijares CPA
DATE	2017-07-25 21:38:32 GMT
RE	Josabro Investments LLC - ArticlesofAmendment

COVER MESSAGE

Please find attached Articles of Amendment for the above mentioned entity.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSABRO INVESTMENTS, 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:

Roark R. Monahan
Name of Person
Monahan-Mijares CPA, PA
Firm/Company
75 Valencia Av, Suite 703
Address
Coral Gables, FL 33134
City/State and Zip Code
elismor.castillo@monahanmijares.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan at (305) 407-1440
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JOSABRO INVESTMENTS, LLC

(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 September 03, 2009 and assigned
Florida document number L09000085247

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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>
MGRM	SANCHEZ BROSSARD, JOSETTE	75 Valencia Av. Suite 703	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANCHEZ BROSSARD, JOSETTE	75 Valencia Av, Suite 703	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ALPHASIS E-FILE ORIGIN

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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.

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FLORIDA DEPT OF STATE

3A

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

Josette Sanchez
Signature of a member or authorized representative of a member

Josette Sanchez
Typed or printed name of signer