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SECRETARY OF STATE

J. BRYAN

FEB 1 5 2009

EXAMINER

COVER LETTER

Division of Co.	rporations			
SUBJECT: U.	S. PROPERTY BRO	OKERS INVESTMENT L	L.C.	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	:			
		ROSA CALZADILLA		
		Name of Person		
	U.S. PROPERT	Y BROKERS INVESTMENT	TIC	
	<u> </u>	Firm/Company		
				FS =
11660 NW 76 TERRACE				TER T
		Address		FEB CRET
		DORAL FL 33178		12 PH 1:2
		City/State and Zip Code		연의 교
	rc@	guspropertybrokers.net		Est =
	E-mail address: (to be used for future annual report notifica	tion))REC
For further information	concerning this matter, please of	call:		D.
ROSA	A CALZADILLA	at (_305_)5	882895	
Name	of Person	Area Code & Daytime T	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 & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	JING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



U.S. PROPERTY BROKERS INVESTMENT 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 the	his Limited Liability Company were filed of	on 10/21/2009	and assigned
Florida document number	L09000101760		
***************************************	,		
This amendment is submitted to a	mend the following:		
	· -		
A. If amending name, enter the	e new name of the limited liability compa	ny here:	
	·		
The new name must be distinguishal "L.L.C."	ble and end with the words "Limited Liability	Company," the designation "l	LC" or the abbreviation
Enter new principal offices add	ress, if applicable:		
(Principal office address MUST)			
12 - Morphi office man coo 1/2 CO2			

	`*\		
Enter new mailing address, if ap	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A PO	ST OFFICE BOX)		
	a .		
	d agent and/or registered office addres	s on our records, enter t	he name of the new
registered agent and/or the new	registered office address nere:		
	· i		
Name of New Registere	d Agent:		
New Registered Office	Address:		
		Enter Florida street add	ress
		. Florida	
	City	, riorida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** JUAN CARLOS RAMIREZ ✓ Add 11660 NW 76 TERRACE DORAL FL 33178 Remove ☐ Add Remove ☐ Add Remove , * : ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member ROSA CALZADILLA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00