

L10000065414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

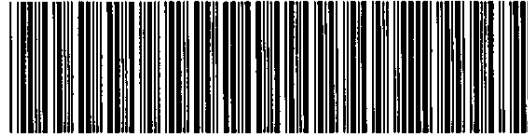
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/15--01005--006 **25.00

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15 JUN 29 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2015
J SHIVERS

Law Offices of Rosenfield & Zalkind, PL

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Hollywood, FL 33020
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Phone: 954-620-1100

Fax: 954-620-1105

June 24, 2015

Via Regular Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Private Business and Properties Management LLC
L10000065414
20185 E. County Club Drive
Aventura, FL 33180**

Dear Sir/Madam;

Enclosed please find our **check no. 2090** in the amount of **\$25.00** for the filing to amend the articles on behalf of **Private Business and Management, LLC.**

If you have any questions, please do not hesitate to contact our office.

Thank you.

Noemi Mizrahi

Noemi Mizrahi
Assistant
Law Offices of Rosenfield & Zalkind, PL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRIVATE BUSINESS & PROPERTIES MANAGEMENT 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 06/18/2010 and assigned
Florida document number L10000065414.

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) _____

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:

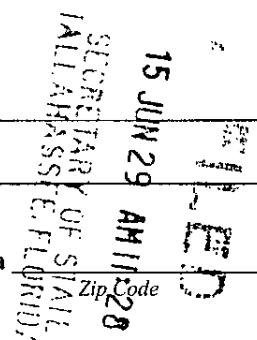
Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City



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>
VMGR	CAIO BORGES ROSA	20185 E COUNTRY CLUB DR.,	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	CAIO BORGES ROSA	20185 E COUNTRY CLUB DR.,	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VMGR	BRUNO BORGES ROSA	20185 E COUNTRY CLUB DR.,	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 June 22, 2015

PAULO SERGIO ROSA

Signature of a member or authorized representative of a member

PAULO SERGIO ROSA, MANAGER

Typed or printed name of signee

15 JUN 29 AM 11:28
SECRETARY OF STATE
ALLAHABAD FLORIDA