

L10000067347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

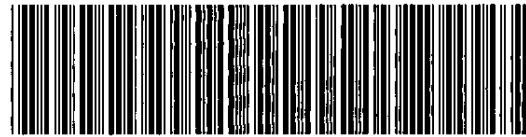
(Business Entity Name)

(Document Number)

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B. KOHR

AUG 26 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 25 AM 10:46

August 13, 2010

Lucro Business Brokers LLC  
2320 Ponce De Leon Blvd  
Coral Gables, FL 33134

RE: Florida Real Estate Commission  
Application Number: 155207, Profession 2502

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 25 AM 10 46

Dear Sir or Madam:

We have received your application for licensure as a Real Estate Corporation. We are eager to help you begin your new profession in Florida but we are unable to complete the processing of your application for the following reasons:

Your registration with the Department of State, Division of Corporations is incomplete. The qualifying broker, Luis Cornide, must be designated as an Officer/Manager (Rule 61j2-5.016, Florida Administrative code).

Once we have received this information we will complete our review of your application. Your application will remain in an incomplete status until such time you have submitted all the requested information for review. In the meantime, if you would like to check the status of your application or have any questions, please visit our website at [www.myfloridalicense.com](http://www.myfloridalicense.com). You may also contact the Department at [call.center@dbpr.state.fl.us](mailto:call.center@dbpr.state.fl.us) or by calling 850.487.1395.

To help us process your request more efficiently, please provide your application number on all correspondence. Mail all correspondence, including a copy of this letter, to:

DBPR-Central Intake  
1940 N Monroe Street  
Tallahassee, FL 32399-0783

Congratulations on your decision to join Florida's business community. We look forward to working with you in the years ahead.

AP

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUCRO BUSINESS BROKERS**

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:

**Guillermo Andrade**

Name of Person

**LUCRO BUSINESS BROKERS**

Firm/Company

**2320 Ponce De Leon**

Address

**Coral Gables**

City/State and Zip Code

**andrade@floridacpa.com**

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

For further information concerning this matter, please call:

**Guillermo Andrade**

Name of Person

at ( 305 )

**444-8800**

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

10 AUG 25 AM 10:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**LUCRO BUSINESS BROKERS**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

10 AUG 25 AM 10:16  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/23/2010 and assigned  
Florida document number L10000067347.

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 end with 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)**

2332 Galiano Street

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2320 Ponce De Leon

Coral Gables, FL 33134

**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

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

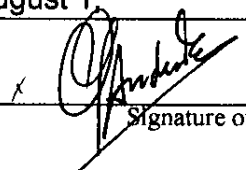
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LUIS CORNIDE	2332 Galiano Street	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Mr. Luis Cornide is designated the as an Office /Manager.

Dated August 1, 2010



Signature of a member or authorized representative of a member

Guillermo Andrade

Typed or printed name of signee