

L11000012782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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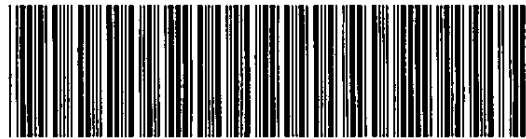
(Business Entity Name)

(Document Number)

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2015 JUL 22 PM 12:03
RECEIVED BY STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 23 2015

GOVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEBRON FIRENZE 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:

Virgilio C. de Castro

Name of Person

Hebron Firenze Investments LLC

Firm/Company

6923 Julia Gardens Drive

Address

Coconut Creek, Florida 33073

City/State and Zip Code

alvarengacastro@hotmail.com

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

For further information concerning this matter, please call:

Virgilio C. de Castro

at (786) 564-4310

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



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 JUL 22 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HEBRON FIRENZE 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 01/31/2011 and assigned
Florida document number L11000012782.

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:

ROGERIO A. SILVA

New Registered Office Address:

6923 JULIA GARDENS DRIVE,

Enter Florida street address

COCONUT CREEK,

City

Florida 33073

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>
MGR	Virgilio C. de Castro	SHS Q.06	<input type="checkbox"/> Add
		conj. "A" Bl. C - 1601	<input type="checkbox"/> Remove
		Brasilia, DF. 70.316.000 - BRAZIL	<input checked="" type="checkbox"/> Change
MGR	Vanilda A. de Castro	SHS Q.06,	<input type="checkbox"/> Add
		conj. "A" Bl. C - 1601	<input type="checkbox"/> Remove
		Brasilia, DF. 70.316.000 - BRAZIL	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change



10/10/2010

FILED
2015 JUL 22 PM 12:03
CLERK OF DISTRICT COURT
STATE OF OKLAHOMA
OKLAHOMA COUNTY

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.

Dated July, 15

Signature of a member or authorized representative of a member

Virgilio C. de Castro

Typed or printed name of signee