# L12000164183

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02/25/14--01008--014 \*\*25.00

\*\* SHANGLE LEB 5 6 5014

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JEURO BRAVO 14/ BRAKE STINE, LLC 12019 SW/17+4 CT MIAMUFI 38186

City/State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

COVER LETTER

## MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	E LLC s on our records.)		
The Articles of Organization for this Limited Liability Company were filed on		_ and ass	igned
Florida document number <u>L 120001041</u> 83			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	re;		
The new name must be distinguishable and end with the words "Limited Liability Company," the company of the com	lesignation "LLC" or the abb	eviation "L	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		7.1	
	E		:
	41 - 1	*)	4 4 5 6
Enter new mailing address, if applicable:		. "Yeng	
Mailing address MAY BE A POST OFFICE BOX)			k f
	- <del> </del>	<u> </u>	arm."
	4.7 (2)	·	
B. If amending the registered agent and/or registered office address on	our records, enter th	e name	of the nev
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	da street address		
	Florida		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title 14624	Name VIVIANA DA COSTA LEBOREÎRO	Address 17019 SW11774 CT HIAMI, F( 33186	Type of Action  Add  Remove
Many	YYANU GORENZO	40305W98THAVE MIMMI, F/ 33/65	□ Add □ Æemove
			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove

amending any other information, enter change(s) here: (Attach additi	onal sheets, if necessary.)
<b>fective date, if other than the date of filing:</b> c effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
ated 2/15/14	
ated <u>2/15/14</u>	
ated	e of a member

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Filing Fee: \$25.00