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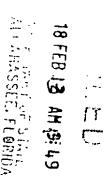
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

го:	Registrat Division (
· • • • • • • • • • • • • • • • • • • •			ERNATIONAL LLC		
MRIE	.C1:		Name of Lim	ited Liability Company	
The enc	closed Artic	les of Ai	nendment and fee(s) are sub	mitted for filing.	
Please r	return all co	orrespond	lence concerning this matter	to the following:	
			RUBEN D CARPIO		
				Name of Person	
			UNIBRO INTERNATION	AL LLC	
				Firm/Company	
			8575 NW 54 ST		
				Address	
			DORAL FL 33166		
				City/State and Zip Code	
			ruben.carpio@gmail.com		
				to be used for future annual report notif	ication)
or furt	her informa	ation con	cerning this matter, please ca	all:	
RUBE	N D CARPI	Ю		001 3053180412	
	}	Name of P	erson	at ()	Telephone Number
Enclose	ed is a cheel	k for the	following amount:		
\$25	5.00 Filing I	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:

TO:

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

any as it now appears on our records.) Liability Company)					
y were filed on	and assigned				
bility company here:					
ility Company," the designation "LLC" or the	abbreviation "L.L.C."				
8575 NW 54 ST					
DORAL FL 33166					
	.=				
8575 NW 54 ST					
DORAL FL 33166					
	<u> </u>				
office address on our records, <u>ente</u> re:	er the name of the				
	Share the real				
Estas Elevido desas edisere	3 3 17				
, Flo rida _ City	Zip Code				
<u></u>	bility Company here: ility Company," the designation "LLC" or the 8575 NW 54 ST DORAL FL 33166 8575 NW 54 ST DORAL FL 33166 biffice address on our records, entere: Enter Florida 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.

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 of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIANA A CARPIO	8575 NW 54 ST	
		DORAL FL 33166	■ Remove
			Change
			Add
			Remove
			Change
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ote: If the date inserted in this bloc ocument's effective date on the Dep	k does not me	et the appli	cable statutor	y filing require	ments, this da	te will not l	oe listed
e record specifies a delayed		te, but n	ot an effec	tive time, a	: 12:01 a.m	n. on the	earlier
The 90th day after the reco	d is filed.						
FEBRUARY 07		2018					
ated	T:\	<u></u>	 ·				
		10:)					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00