

7 BRUCE
AUG 08 2017

COVER LETTER

O: Registration Section
Division of Corporations

“ ALEXANDRA BARBERENA LLC
SUBJECT: _____

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

ALEXANDRA BARBERENA

Name of Person

ALEXANDRA BARBERENA LLC

Firm/Company

10175 W SUNRISE BLVD

Address

PLANTATION FL 33322

City/State and Zip Code

alexandrabarberena@remax.

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

or further information concerning this matter, please call:

ALEXANDRA BARBERENA

954

557-5828

at ()

Name of Person

Area Code

Daytime Telephone Number

nclosed 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

2017 AUG - 7 P 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ALEXANDRA BARBERENA 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 01/18/2013 and assigned
Florida document number L13000009793.

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:

10175 W SUNRISE BLVD

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION FL 33322

Enter new mailing address, if applicable:

10175 W SUNRISE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION FL 33322

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

City

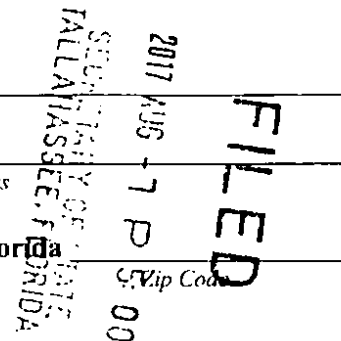
Florida

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



amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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FILED
2017 AUG 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG -7 P 5:01
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED
2017 AUG -7 P 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 August 2, 2017

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

ALEXANDRA BARBERENA

Typed or printed name of signee