

U300008589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF MONTANA
BUTTE

AUG 25 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONUMENTAL PROPERTIES, 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:

Joao Pedro Volz

Name of Person

VD&T International LLC

Firm/Company

150 SE 2nd Ave. Suite 505

Address

Miami, FL 33131

City/State and Zip Code

management@vdtinternational.com

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

For further information concerning this matter, please call:

Joao Pedro Volz

Name of Person

at (305) 878-1516

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

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15 AUG 24 PM 2:23

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

MONUMENTAL PROPERTIES, 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 06/04/2013 and assigned
Florida document number L13000080589.

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: 150 SE 2nd Ave. Suite 506

(Principal office address MUST BE A STREET ADDRESS) Miami FL, 33131

Enter new mailing address, if applicable: 150 SE 2nd Ave. Suite 506

(Mailing address MAY BE A POST OFFICE BOX) Miami FL, 33131

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: SJ Law Group

New Registered Office Address: 150 SE 2nd Ave. Suite 505

Enter Florida street address

Miami Florida 33131

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 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

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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	BRIDGE GROUP INVESTMENTS, INC	2711 CENTERVILLE RD	<input type="checkbox"/> Add
		STE 400 WILMINGTON, DE 19808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLO BARBIERI	4800 N FEDERAL HWY	<input type="checkbox"/> Add
		BOCA RATON, FL, 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	AND RODRIGUES	1900 SWINGET HARBOUR DR	<input checked="" type="checkbox"/> Add
		#TS2, MIAMI BEACH	<input type="checkbox"/> Remove
		FL, 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

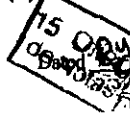
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.



15/07/15

Signature of a member or authorized representative of a member

RICARDO TERES TEIXEIRA

Typed or printed name of signer

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Filing Fee: \$25.00

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