# L13000086179

(Re	equestor's Name)	
(Ad	ldress)	
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SECRETIRY OF STATE ALLAHASSEE, FLORIDA

FILED

JUN - 6 2014

T. BROWN

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## Izquierdo's Real Estate Investment 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:

Oscar Izquierdo			
Name of Person			
Firm/Company			
158 SW Peacock Blvd Apt 30-104			
Address			
Port St Lucie FL 34986			
City/State and Zip Code			
ahizauierdo@amail.com			

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

For further information concerning this matter, please call:

### Oscar Izquierdo

,,772,236-8360

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 ARTICLES OF ORGANIZATION

ALLAHASSEE OF TORIOR **OF** 

## Izquierdo's Real Estate 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 06/13/2013	and assigned
Florida document number L1300086179		
This amendment is submitted to amend the following:		
Č		
A. If amending name, enter the new name of the limited liab	ility company here:	
Left Brothers LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	158 SW Peacock Blvd A	pt 30-104
(Principal office address MUST BE A STREET ADDRESS)	Port St Lucie Fl 34986	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		er the name of the ne
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		•
	Enter Florida street address	
	, Florida	
	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

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

MGR = Manager

AMBR = Authorized Member Title Name | **Address Type of Action** 158 SW Pecock blvd apt 30-104 Oscar Izquierdo **AMBR** Port St Lucie Fl 34986 D Remove 158 SW Peacock Blvd Apt 30-104 **AMBR** Marta A Rosa de Izquierdo Port St Lucie Fl 34986 \_ Remove \_□ Add \_□ Remove □ Remove □ Add \_\_\_ Remove

•	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		•
•	Effec	tive date, if other than the date of filing:
		ate this document is filed by the Florida Department of State)
	Dated	5/29/ 2014
		Signature of a symbol or authorized representative of a member
		Signific of a member of analytical representative of a member
		Typed or nonted name of signee

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Filing Fee: \$25.00