

L13000119267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

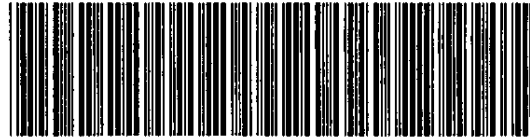
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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18 MAY 10 AM 8:38  
SECRETARY OF STATE  
TOLSON

O SIMMONS  
MAY 14 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2018

CARLOS BARABIERI  
4800 N FEDERAL HWY, STE 101-D  
BOCA RATON, FL 33431

SUBJECT: LESABRE 44 USA LLC  
Ref. Number: L13000119267

We have received your document for LESABRE 44 USA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida LP, but your entity is a FLorida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 818A00008766

RECEIVED

2018 MAY 10 AM 11:12

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Thank you!*  
*Corrected form attached*  
*C.B.*

*—b*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LESABRE 44 USA 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:

CARLO BARBIERI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4800 N FEDERAL HWY, SUITE 101-D

\_\_\_\_\_  
Address

BOCA RATON FL 33431

\_\_\_\_\_  
City/State and Zip Code

CBARBIERI@OXFORDUSA.COM

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

For further information concerning this matter, please call:

CARLO BARBIERI

561 674-9999  
at ( )

\_\_\_\_\_  
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  
TO  
ARTICLES OF ORGANIZATION  
OF**

LESABRE 44 USA 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 08/23/2013 and assigned  
Florida document number L13000119267.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

\_\_\_\_\_, 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 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>
MGRM	LESABRE 44 GROUP INC	PO BOX 556 MAIN STREET	<input type="checkbox"/> Add
		CHARLESTOWN NEVIS 00000	<input checked="" type="checkbox"/> Remove
		NE	<input type="checkbox"/> Change
MGRM	ROBERTO R. PEREZ	4800 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 101-D	<input type="checkbox"/> Remove
		BOCA RATON FL 33431	<input type="checkbox"/> Change
MGRM	LEANDRA M. PEREZ	4800 N FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 101-D	<input type="checkbox"/> Remove
		BOCA RATON FL 33431	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 DIVISION  
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WASHINGTON, D.C.

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FBI - NEW YORK

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee