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# COVER LETTER **Registration Section** TO: **Division of Corporations** LESABRE 44 USA LLC SUBJECT: 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 (\_\_\_\_ Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

S25.00 Filing Fee

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S30.00 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 Tatlahassee, 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

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### (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, <u>enter the new name of the limited liab</u>	<u>pility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	5077 NW 7th Street, #1103 buiding 4	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
		<u> </u>
B. If amending the registered agent and/or registered o		ie name of the new
registered agent and/or the new registered office address her	<u>e</u> :	÷
		1
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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u> CARLO BARBIERI	<u>Address</u> 4800 N FEDERAL HWY	Type of Action
MGRM			🗆 Add
		SUITE 101-D	Remove
		BOCA RATON FL 33431	
			Change
			O Add
			Remove
			Change
			Add
			🖸 Remove
			Change
			Add
		<u> </u>	Remove
			Change
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			C Remove
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			🖸 Remove
			Change

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

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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) <u>Note:</u> 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.

SEPTEMBER 14	2018	
Dated	······································	
	. H	
	Signature of a member or authorized representative of a member	
	T.	
	Typed or printed name of signee	_

Filing Fee: \$25.00