

L14000044581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

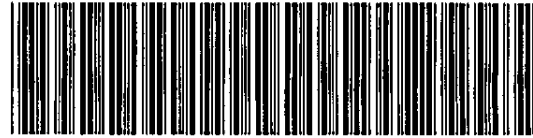
(Business Entity Name)

(Document Number)

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14 MAY -5 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 12 2014



P. (305) 647-9852  
F. (305) 647-2902  
TOLL FREE: (855) OROPESA  
1-877-737-2

RAFAEL J. OROPESA

ATTORNEY AT LAW

E. RJO@OROPESALAW.COM  
W. WWW.OROPESALAW.COM

April 30, 2014

**Via First Class U.S. Mail**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

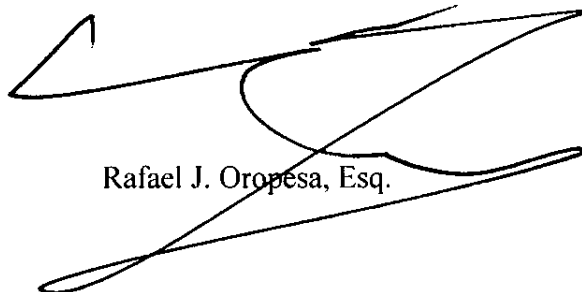
Re: ***The Business Broker of Miami, LLC – Address Change***

Dear Sirs,

Enclosed herein is an Amendment changing the principal and mailing address for the above-captioned company, together with a check in the amount of \$25.00, for the required processing fee.

Should you need anything further to process this Amendment please contact me. Thank you!

Sincerely,



Rafael J. Oropesa, Esq.

Encls.  
RJO

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Business Broker of Miami, 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:

**Rafael J. Oropesa, Esq.**

Name of Person

**Rafael J. Oropesa, Attorney at Law**

Firm/Company

**1275 West 47th Place, Suite 108**

Address

**Hialeah, FL 33012**

City/State and Zip Code

**rjo.law@gmail.com**

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

For further information concerning this matter, please call:

**Rafael J. Oropesa, Esq.** at **305 647-9852**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

The Business Broker of Miami, 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 March 18, 2014 and assigned Florida document number L14000044991.

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 end with 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)**

429 Lenox Avenue

Unit 5W05

Miami Beach, Florida 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

429 Lenox Avenue

Unit 5W05

Miami Beach, Florida 33139

**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

**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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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

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

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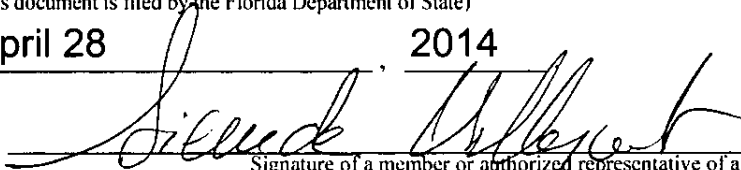
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 28, 2014



Signature of a member or authorized representative of a member

Thierry Albert Pauquet de Villejust

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA