

Division of Corporations

L14000092559

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000300715 3)))



H140003007153ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP
Account Number : I20140000109
Phone : (786) 316-5772
Fax Number : (786) 549-5991

*Please process this
Amendment to
December 30, 2014*

*I sent this on December
30, 2014 and it hasn't
been received.*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRAVO & PARTNERS 99500 LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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2014 DEC 30 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRAVO & PARTNERS 99500 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:

ARMANDO BRAVO

Name of Person

BRAVO & PARTNERS 99500 LLC

Firm/Company

7920 SW 58 ST

Address

MIAMI, FL 33143

City/State and Zip Code

yudeisymel@gmail.com

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

For further information concerning this matter, please call:

ARMANDO BRAVO

Name of Person

at (305) 270-1555

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**

BRAVO & PARTNERS 99500 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 _____ and assigned
Florida document number L14000092559

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 "LLC."

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 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

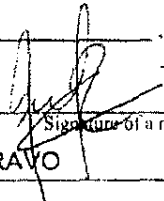
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO E. WOLLBERG	5050 SW 88 ST	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33156	<input type="checkbox"/> Remove
		EFFECTIVE DATE 07/24/2014	
MGR	JAMES TUNDIDOR	10260 NW 135 th ST	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33018	<input type="checkbox"/> Remove
		EFFECTIVE DATE 07/24/2014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

(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 12/30/2014



Signature of a member or authorized representative of a member

ARMANDO BRAVO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA