

L15000137414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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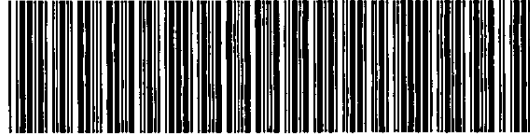
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 3 2015

J SHIVERS

Pardo Gainsburg, PL

Jennifer Bodenhamer
Florida Registered Paralegal

Phone: (305) 358-1001, Ext 307
Facsimile: (305) 358-2001
Email: jb@pardogainsburg.com

October 29, 2015

Via Federal Express-Overnight Delivery

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Branches Limited, L.L.C. – Document No. L15000133414
Amendment to the Articles of Organization**

Dear Sirs:

Enclosed please find an executed Amendment for the above referenced Florida Limited Liability Company. Please process and send us confirmation letter. Enclosed is a check for the filing fee in the amount of \$25.00.

Thank you for your assistance and if you have any questions or need anything further, please feel free to contact me.

Sincerely,



Jennifer Bodenhamer
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Branches Limited, L.L.C.

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:

Stevan Pardo, Esq.

Name of Person

Pardo Gainsburg, P.L.

Firm/Company

200 SE 1st Street, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

spardo@pardogainsburg.com

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

For further information concerning this matter, please call:

Stevan Pardo

305 775-2538
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**

Branches Limited, L.L.C.

(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 8/5/15 and assigned Florida document number L15000133414.

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>
MGR	Bruno Ramos	3075 NW S. River Drive	☒ Add
		Miami, Florida 33142	☐ Remove
			☐ Change
MGR	Maritza Ramos	3075 NW S. River Drive	☒ Add
		Miami, Florida 33142	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

15 NOV -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Note: 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.

(b) The 90th day after the record is filed.

Dated October 30 2015

Signature of a member or authorized representative of a member

Stevan J. Pardo, Registered Agent

Typed or printed name of signee