L15000 206946

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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Secondary Division of Corp			
SUBJ		ABREU, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		EDWIN R. ABREU		
			Name of Person	
		EDWIN R. ABREU, LLC		
		-	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		590 NW 123 ST		
			Address	
		NORTH MIAMI, FL 3316	8	
			City/State and Zip Code	
		INFO@EDWINABREU.CO		
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
EDW	IN R. ABREU		305 803-3716 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$2	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

EDWIN R. ABREU, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	y)
he Articles of Organization for this Limited I orida document number L15000206946	Liability Company were filed on	12/11/2015 and assigned
orida document number	 •	
nis amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
e new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:)
<u> Aailing address MAY BE A POST OFFICE</u>	E BOX)	1- 66 2- C
		TAN D
		SEE
. If amending the registered agent and egistered agent and/or the new registered or		
gistered agent and/or the new registered to	mice address nore.	2: 3 4 ORID
Name of New Registered Agent:	EDWIN R. ABREU	
New Registered Office Address:	590 NW 123 ST	
	Enter i	Florida street address
	NORTH MIAMI	, Florida <u>33168</u>
	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>	Address	Type of Action
			Add
			☐ Remove
		-	□ Remove
			□ Add
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			Change
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?ffec	tive date, if other than the date of filing: $\frac{06/26/2016}{}$	>	
If an e <u>Note</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days If the date inserted in this block does not meet the applicable statutory filing requirements nent's effective date on the Department of State's records.	after filing.) Pursuant to	
Th	cord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	01 a.m. on the ea	rlier of
Dated	June 26, 2016.		
	CI/X \		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00