

U6 000015246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

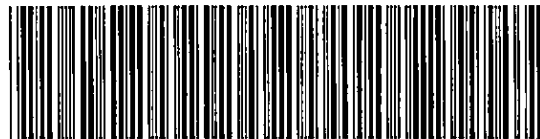
(Business Entity Name)

(Document Number)

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18 JUL -9 AM 9:31
ST. CLAIR COUNTY
DIVISION OF CORPORATION

N COOPER

JUL 12 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWO BROTHERS REST 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:

CARLOS E. OROPEZA

Name of Person

TWO BROTHERS REST LLC

Firm/Company

8900 SW 75TH STREET

Address

MIAMI FL 33173

City/State and Zip Code

TWOBROTHERSRESTLLC@OUTLOOK.COM

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

For further information concerning this matter, please call:

CARLOS E. OROPEZA

786

863-7798

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**

TWO BROTHERS REST 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 01/21/2016 and assigned
Florida document number L16000015246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

13707 SW 12TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33184

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18 JUL - 9 AM 9:31
STATIONER
DIVISION OF CORPORATE
REGISTRATION

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:

CARLOS E. OROPEZA

New Registered Office Address:

13707 SW 12TH ST

Enter Florida street address

MIAMI

City

Florida 33184

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	RIGOBERTO RODRIGUEZ	8900 SW 75TH ST	<input type="checkbox"/> Add
		MIAMI FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS E. OROPEZA	13707 SW 12TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

SECRETARY OF DEFENSE
DIVISION OF INFORMATION
18 JUL -9 AM 9:31

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.

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.

Dated JULY / 03 2018

LY / 03


(Signature of a member)

RIGOBERTO RODRIGUEZ

Typed or printed name of signee