

L16000041237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284984894

04/26/16--01025--023 **25.00

2016 APR 18 P 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2016 APR 18 PM 12:47
TALLAHASSEE, FLORIDA

APR 26 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: URIEL INVESTMENTS 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:

Barry L. Simons

Name of Person

Barry L. Simons, P.A.

Firm/Company

9100 S, Dadeland Boulevard

Address

Miami, Florida 33156

City/State and Zip Code

Barrysimons@barrysimons.com

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

For further information concerning this matter, please call:

Barry L. Simons

305 670-7020
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**

URIEL INVESTMENTS 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 February 26th, 2016 and assigned
Florida document number L16000041237.

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

City

Florida

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

FILED
MAR 18 2016
1:41
CLERK OF THE
STATE
TREASURY
FLORIDA

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	SANTA MAGDALENA Properties (BVI), INC.	9300 S. Dadeland Blvd. 6 th Floor Miami, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Adriana Josefina Pena Borges	9300 S. Dadeland Blvd 6 th Floor Miami, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	David Rodriguez	same as above	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Rebecca Carolina Rodriguez	same as above	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Viviana Fernandes De Almeida	same as above	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Javier Fernandes De Almeida	same as above	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
2015 JUN 18 PM 1:41
SECRETARY OF STATE
TAMMSEEE FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED
 Remove
 Change
 Add
 Remove
 Change
 2015 APR 18 P 14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 APR 18 P 1:41
CLERK OF STATE
TAMPA FLORIDA