116000110935

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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Sec Division of Corp						
		SERVICES LLC					
SUBJE	CCT:	Name of Lim	ited Liability Company				
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
		MARIA E LOPEZ					
			Name of Person	 			
		LR BROS SERVICES LL	С				
		·	Firm/Company				
4700 NW 107TH AVE APT 601							
		<u> </u>	Address				
		DORAL, FL 33178					
		melopezr10@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please ca	all;				
MARI	A E LOPEZ		561 4102646				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
■ \$25	5.00 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

TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF O		151.
.	ľ	2012
LR BROS SERVICES LLC		SEP-0
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	2016 SEP-8 PM 4: 13
The Articles of Organization for this Limited Liability Company L16000110935	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	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 of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enier rioriaa sireei aadress	
	, Flori	
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA E LOPEZ	4700 NW 107TH AVE APT 601	
		DORAL, FL 33178	₽ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
MGR	ANDRES F LOPEZ	4700 NW 107TH AVE APT 601	□ Add
		DORAL, FL 33178	Remove
			
			
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an effective	date, if other than we date is listed, the date	e must be specific	c and cannot b	e prior to d	ate of filing	or more than	90 days af	tional) ter filing.)	Pursuant to 6	05.0207
ote: If the ocument's	ne date inserted in the seffective date on the	is block does r ne Department	of State's re	applicable cords.	statutory i	filing requi	rements, t	his date w	vill not be li	sted as
	l specifies a dela th day after the			ut not a	n effectiv	ve time, a	at 12:01	a.m. o	n the ear	lier of
SEP	PTEMBER, 7TH		2016							
ated		11.6	-in-1	<u> </u>						
-		<u>Jege</u>	87 (ve th	Per						
-	MARIA E LOPEZ	Signature	of a member	r authorize	d represent	ative of a me	mber			

Page 3 of 3

Filing Fee: \$25.00