

L16000110935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

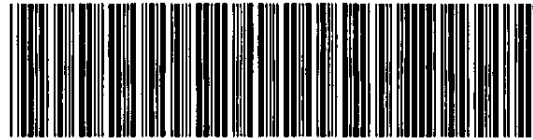
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SEP 22 2016
S. YOUNG

16 SEP 21 AM 11:18
TALLAHASSEE
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

LR BROS SERVICES LLC

SUBJECT: _____
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:

CARLA M ROMERO

Name of Person

LR BROS SERVICES LLC

Firm/Company

11403 NW 89TH STREET APT 203

Address

DORAL, FL 33178

City/State and Zip Code

CARLITAMARIARO@HOTMAIL.COM

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

For further information concerning this matter, please call:

CARLA ROMERO

786 3980441

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

16 SEP 21 AM 11:18
TALLAHASSEE, FL 32301
STATE
SECRETARY OF
CORPORATIONS

**TO
ARTICLES OF ORGANIZATION
OF**

LR BROS SERVICES 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 09/08/2016 and assigned
Florida document number L16000110935.

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 "LLC."

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

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	CARLA M ROMERO	11403 NW 89TH STREET APT 20	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA E LOPEZ	4700 NW 107TH AVE APT 601	<input checked="" type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE PALASTRE	4700 NW 107TH AVE APT 601	<input checked="" type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARMANDO E SANCHEZ	4700 NW 107TH AVE APT 601	<input checked="" type="checkbox"/> Add
		DORAL FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

10 SEP 1 AM 11:18
RECEIVED
COMMUNITY CENTER
11403 NW 89TH STREET
APT 20
DORAL FL 33178

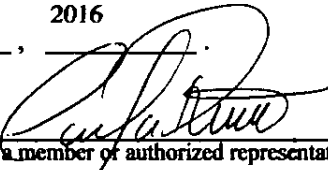
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16 SEP 21 AM 11:18

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.

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 SEPTEMBER, 14TH, 2016


Signature of a member or authorized representative of a member

CARLA M ROMERO

Typed or printed name of signee