

L16000187966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

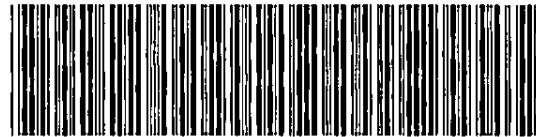
(Business Entity Name)

(Document Number)

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FILED  
2019 JAN 14 A 8:27  
KALAMAZOO COUNTY

JAN 18 2019  
T. LEMIEUX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BROCHART DECORATIVE PAINTING "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:

Johanna Karina Zalzman de Mendez

\_\_\_\_\_  
Name of Person

BROCHART DECORATIVE PAINTING "LLC"

\_\_\_\_\_  
Firm/Company

13124 Meadowfield Dr

\_\_\_\_\_  
Address

Orlando FL 32824

\_\_\_\_\_  
City/State and Zip Code

brochartusa@gmail.com

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

For further information concerning this matter, please call:

Johanna Karina Zalzman de Mendez

407 3719026  
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**

FILED

BROCHART DECORATIVE PAINTING "LLC"

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

2018 JAN 14 A 8:27

The Articles of Organization for this Limited Liability Company were filed on 10/11/2016 and assigned  
Florida document number L16000187966

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)**

13124 Meadowfield Dr

Orlando, FL 32824

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13124 Meadowfield Dr

Orlando, FL 32824

**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:

Johanna Karina Zalzman de Mendez

New Registered Office Address:

13124 Meadowfield Dr

*Enter Florida street address*

Orlando

Florida 32824

*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.*

Johanna Zalzman

**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>
RA	Argimiro Duran	15331 SW 112 Terrace, Miami Fl 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Argimiro Duran	15331 SW 112 Terrace, Miami Fl 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Title: MGR Vera Carlos E SR

New Address: 13124 Meadowfield Dr, Orlando FL 32824

Title: MGR Karola Faria C MRS

New Address: 13124 Meadowfield Dr, Orlando FL 32824

Title: MGR Vera Barbara MS

New Address: 13124 Meadowfield Dr, Orlando FL 32824

Title: MGR Vera Amanda MS

New Address: 13124 Meadowfield Dr, Orlando FL 32824

Title: Authorized Representative: Johanna Karina Zalzman de Mendez

Address: 13124 Meadowfield Dr, Orlando FL 32824

01/02/2019

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

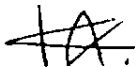
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 01/02 , 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Karola Faria

\_\_\_\_\_  
Typed or printed name of signee