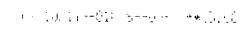
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COVER LETTER

TO: Registration So Division of Co			
Abreu Fin:	anacial Group, L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Giovanna M. Ramirez		
		Name of Person	.
	Abreu Finanacial Group, I	.L.C.	
		Firm/Company	
	4471 NW 112 Court		
		Address	
	Doral, FL 33178		
		City/State and Zip Code	100
	eabreu@abreufinancialgrou	•	
For further information of	encerning this matter, please e	to be used for future annual report notifi all:	cation)
Giovanna M. Ramirez		305 781-4182	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Abreu Finanacial Group, L.L.C.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on June 15, 2017	and assigned
lorida document number 1.17000131207		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Abreu Financial Group, L.L.C.		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered		ter the name of the
egistered agent and/or the new registered office address	s here:	
		200 Z
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Florida	1 5 2
	City	Zip (Carde

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 = M $AMBR = A$	fanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove

__ Change

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tive date, if other than the date of filing: July 2, 2017	{opnoral}
flective 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 able statutory filing requirements, this date will not be liste
ment's effective date on the Department of State's records.	
and access and all and afficient and all access to the second	A
ecord specifies a delayed effective date, but no e 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlie
July 2	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00