

L17000206867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

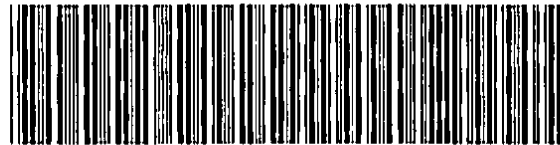
(Document Number)

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2018 MAR - 8 A 11: 01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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3/12/2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2018

GILANDRO MADUREIRA  
549 BOTTLEBRUSH CT  
NEW SMYRNA BEACH, FL 32168

SUBJECT: AMEBRHOMES LLC  
Ref. Number: L17000206867

We have received your document for AMEBRHOMES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Addresses on page 2 of 3 are incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 718A00003203

RECEIVED  
2018 MAR -8 PM 12:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 MAR -8 A 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMEBRHOMES 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:

GILANDRO MADUREIRA

Name of Person

Firm/Company

549 BOTTLEBRUSH CT

Address

NEW SMYRNA BEACH, FL32168

City/State and Zip Code

GILANDROMADUREIRA16@GMAIL.COM

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

For further information concerning this matter, please call:

GILANDRO MADUREIRA

Name of Person

386

at ( )

Area Code

8473830

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

FILED  
2018 MAR -8 A 11:09  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AMEBRHOMES 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 10/05/2017 and assigned  
Florida document number L17000206867.

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

\_\_\_\_\_, Florida  
City

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2018 MAR -8  
A 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>PG INVESTMENT LLC</u>	<u>549 BOTTLEBRUSH CT</u>	<input type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32168</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>PGRE INVESTMENT LLC</u>	<u>549 BOTTLEBRUSH CT</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>32168</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>FEMARAN INTERNATIONAL</u>	<u>1450 BRICKEL AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>18TH FLOOR</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33131</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>GREEN BAY LLC</u>	<u>1450 BRICKEL AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>18TH FLOOR,</u>	<input type="checkbox"/> Remove
		<u>MIAMI, FL 33131</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>FAUSTO CREMASCO</u>	<u>549 BOTTLEBRUSH CT</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>32168</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>MARCOS BATISTA MACHADO</u>	<u>549 BOTTLEBRUSH CT</u>	<input checked="" type="checkbox"/> Add
		<u>NEW SMYRNA BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>32168</u>	<input type="checkbox"/> Change

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2010 MAR - 8 A 11 01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

E. Effective date, if other than the date of filing: 02/08/2018 (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 FEBRUARY 02, 2018

Glenn M. Madsen  
Signature of a member or authorized rep

GILVANDRO MADUREIRA

Typed or printed name of signee