L18000015364

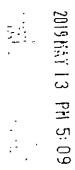
(Red	questor's Name)	
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•	,	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to F	Filing Officer:	
		;

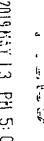
Office Use Only



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R WHITE

COVER LETTER

TO:	Registration Se Division of Cor		•	*
CUBI		INVESTMENT BROKERS LI	LC	
SUBJI	SCI:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DAVID HERNANDEZ		
		DHCPA INC	Name of Person	
			Firm/Company	
		8725 NW 18TH TERRAC	E SUITE 302	
		DORAL, FL 33172	Address	
		DHERNANDEZ@DHCPA	City/State and Zip Code INC.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
DAVII	D HERNANDEZ,	СРА	305 707-8007	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2.	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

100

FLORIDA INVESTMENT BROKERS LLC

2019 HAY 13 PH 5: 09

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

	ompany were filed on $\frac{01/07/26}{1}$)18 and assigned
Florida document number L18000015364	<u>_</u> .	
The Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	rect address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	1 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>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			□ Change

		 		
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				<u> </u>
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the second seco	must be specific and cannot be pri is block does not meet the appl	or to date of filing or more t icable statutory filing re-		
he record specifies a dela The 90th day after the		not an effective time	e, at 12:01 a.m. on the ϵ	earlier of
Dated MAY 6	2019			
	,	— JM/1		
		thorized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00