# L18000 032 036

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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#### **COVER LETTER**

SUBJECT:	PBR MANAG	EMENT, LLC	
30 <b>63</b> EC1.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		PEDRO MIRANDA	
	·	Name of Person	
	<del></del>	Firm/Company	<del></del>
	3006 A	viation Avenue Suite 2B	
		Address	
	С	oconut Grove, FL 33133	3
	ne	City/State and Zip Code edro@corcovadostone.c	om
	·	to be used for future annual repor	
For further information	n concerning this matter, please ca	all:	
Ped	ro Miranda	at ( )	305-927-8741
Nam	e of Person	at () Area Code D	aytime Telephone Number
Enclosed is a check fo	r 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

TO:

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

## TO ARTICLES OF ORGANIZATION OF

	PBR Management L		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability ( Florida document numberL18000032036	Company were filed on	02/05/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
CORCOVADO STO	NE, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		25
			<del></del>
Enter new mailing address, if applicable:			2 -
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u></u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		our records, <u>ente</u>	the name of the ne
Name of New Registered Agent:		N/A	
New Registered Office Address:			
<del></del>	Enter Flor	rida 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>	Address	Type of Action
<del></del>			Add
			Remove
			Change
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F Effecti	ve date, if other than the date of filing: (optional)
(If an eff	ective 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)(
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
(u) THE	South day after the record is filed.
	luly 22 2010
Dated	July 22 2019
	Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member
	PE Dec M.D
	PEDRO MIRANDA  Typed or printed name of signee

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Filing Fee: \$25.00