

L18000111011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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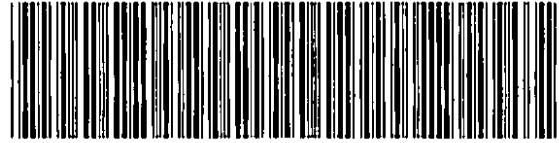
(Business Entity Name)

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N COOPER

SEP 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stern Investments, 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:

Bridgette Alvarez, Esq.

Name of Person

Miami Legal, P.A.

Firm/Company

300 South Aragon Avenue, Suite 310

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Bridgette Alvarez

Name of Person

305 668-6449
at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Stern Investments, 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 May 2, 2018 and assigned

Florida document number L18000111011

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

815 North Homestead Blvd., Suite 646

Homestead, FL 33030

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

815 North Homestead Blvd., Suite 646

Homestead, FL 33030

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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 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

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>
AMBR	Jorge A. Lemcke Arevalo	815 North Homestead Blvd., Suite 646, Homestead FL 33030	* <u>Add</u>
AMBR	Adrian A. Lemcke Calderon	815 North Homestead Blvd., Suite 646, Homestead FL 33030	* <u>Add</u>
AMBR	Jorge F. Lemcke Calderon	815 North Homestead Blvd., Suite 646, Homestead FL 33030	* <u>Add</u>
AMBR	Erick R. Lemcke Calderon	815 North Homestead Blvd., Suite 646, Homestead FL 33030	* <u>Add</u>
AMBR	Magda Calderon de Lemcken	815 North Homestead Blvd., Suite 646, Homestead FL 33030	* <u>Add</u>

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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.

Dated 8/18/18, _____

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee