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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

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TO:	Registration Se Division of Cor			•
cum	IF/YF.	152 DEVELOPMENT	, LLC	
SUBJ	DEC1:	Name of Lin	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			BRISMEL MARQUEZ	
			Name of Person	
		152 DI	EVELOPMENT, LLC	
			Firm/Company	
		11	11 KANE CONCOURSE STE 111	
			Address	
		ВА	AY HARBOR ISLANDS, FL 33154	i e
		<u> </u>	City/State and Zip Code	
			<u> </u>	
			·	ication)
For fu	rther information co	oncerning this matter, please co	all:	
BR	ISMEL MARQUE	Z	305 216 -2426	
	BJECT: Name of Limited Liability Company			
Enclos	sed is a check for th	e following amount:		
= \$2	25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

152 DEVE	LOPMENT, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa		2 =12+1=11	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
'he new name must be distinguishable and contain the words "Limited Li	ability Company," the de	esignation "LLC" or the ;	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			S 8
			表 U T
			31 5 F
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	92.		
			55 2 3 4 5 5
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on ere:	our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida 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>	Address	Type of Action
MGR	B .M. BROTHERS, LLC	2225 W 78TH ST	
		HIALEAH, FL 33016	
			Remove
		15800 TURNBERRY DR	
MGR	BRISMEL MARQUEZ	MIAMI LAKES, FL 33014	
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ C MR nge
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	09/01/2019				
Effective date, if other than the dat If an effective date is listed, the date must be a Note: If the date inserted in this block of document's effective date on the Depart	e of filing: specific and cannot be prior to date of filing does not meet the applicable statutory	or more than 90 days after filling requirements, this d	ling.) Pursuan	it to 605.0 be listed)207 (d as t
he record specifies a delayed eff The 90th day after the record	fective date, but not an effecti is filed.	ve time, at 12:01 a.r	n. on the	earlier	r of:
Dated SEPTEMBER 10TH	2019				
	Hand				
	ature of a member or authorized represent				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00