

L18000218822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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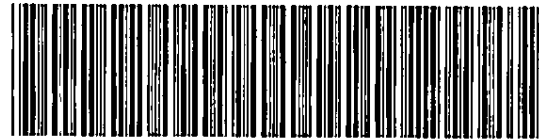
(Business Entity Name)

(Document Number)

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04/01/19--01036--010 **43.75

2019 APR 19 PM 4:15

APR 23 2019

APR 09 2019
C. McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

MLR MANAGEMENT INVESTMENTS LLC

SUBJECT: _____
Name of Limited Liability Company

2018 APR 19 PM 4:13
FILED
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARILANE LOPES RIBEIRO

Name of Person

MLR MANAGEMENT & INVESTMENTS LLC

Firm/Company

3079 BEACH PALM AVE

Address

KISSIMME, FL 34747

City/State and Zip Code

RLMARILANE@GMAIL.COM

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

For further information concerning this matter, please call:

MARILANE LOPES RIBEIRO

954 5168345

at ()

Name of Person

Area Code

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

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

MLR MANAGEMENT & INVESTMENTS LLC

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

2019 APR 19 PM 4:15
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/16/2019 and assigned
Florida document number L18000218822

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:

3079 BEACH PALM AVE

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

2621 NE 212TH TER UNIT 204

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

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:

MARILANE LOPES RIBEIRO

New Registered Office Address:

2621 NE 212TH TER UNIT 204

Enter Florida street address

AVENTURA


Florida 33180

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>
MGR	MARIANA PEREIRA GAMA	3745 NE 171TH ST APT 32	<input type="checkbox"/> Add
		NORTH Miami Beach	<input checked="" type="checkbox"/> Remove
		FL 33160	<input type="checkbox"/> Change
P	MARILANE LOPES RIBEIRO	SQNW 307 BLOCO C APT 506	<input checked="" type="checkbox"/> Add
		BRASILIA, DISTRITO FEDERAL	<input type="checkbox"/> Remove
		70686-815 BRAZIL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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 APRIL 16th 2019

Filing Fee: \$25.00