## 49000226502

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(U	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	/
L		

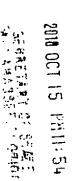
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M. MILLIGAN

## **COVER LETTER**

Division of Corp	porations			
SUBJECT: DAD BRO	OTHERS NVESTMENT	TLLC		
SUBJECT: DATE DITE		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing		
The eliciosed Afficies of A	Amendment and rec(s) are suot	mined for ming.		
Please return all correspon	ndence concerning this matter	to the following:		
	J	IAIME REYES		
		Name of Person		
CBA MIAMI LLC				
		Firm/Company		
	7855 NW 12TH STR	DEET CHITE 214		
	7000 NVV 12111 011	Address		
		,100,000		
	DORAL FL 33126			
	· <u> </u>	City/State and Zip Code		
cbamiamillc@gmail.com				
	E-mail address: (1	to be used for future annual report notifica	tion)	
For further information co	oncerning this matter, please ca	nll:		
Jaime	Reves	at (786_ <sub>)</sub> 728_5603		
Name of		Area Code Daytime Te	elephone Number	
Enclosed is a check for th	ne 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

Registration Section

TO:

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

Dad Brothers Investment LLC

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

(A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/24/2018	and assigned.
Florida document number L18000226502		;ai =
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	·	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street address	
	Flor	ida Zip Code
	City	гір Соае

## 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>	Name	Address	Type of Action
MGR	Tallarico Alicia	5757 Collins Ave, Apt 701	Add
		Miami Beach, FL 33140	☑ Remove
			Change
MGR	Gisselle Denice Martinez	5757 Collins Ave, Apt 701	Add
		Miami Beach, FL 33140	<b>⊠</b> Remove
			☐ Change
	-		Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
	<del></del>	<u> </u>	
			Remove
			Change
			Add
			🖸 Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheet)	ts, if necessary.)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (3)(b) ments, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated 9/28 18	<sup>2</sup> 76 201
Signature of a member or authorized representative of a mem  MFREDO Lun MARTINE 7  Typed or printed name of signee	25 5
Page 3 of 3	5 PH 11: 54

Filing Fee: \$25.00