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#### **COVER LETTER**

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TO:	Registration Se Division of Cor			
	Bristelcone	e, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Carlos Barquin		
			Name of Person	<u></u>
		El Bronce Enterprises, LP		
			Firm/Company	
		7342 NW 35TH STREET		
		-	Address	
		MIAMI, FL. 33122		
		admin@eberealestate.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information o	oncerning this matter, please ca	all:	
Carlos	Barquin		786 985-7533	
	Name o	f Person	at ()	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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

BRISTELCONE, LIMITED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) FEBRUARY 26 2019 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number \_\_\_\_\_L19000055795 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BRISTLECONE REAL ESTATE LIMITED LIABILITY COMPANY The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

## If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cesar E Quintero	7342 NW 35 TH STREET MIAM FLORIDA.	P
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.
ted _	Wavember 12 ,2015
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00