

L19 000121640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

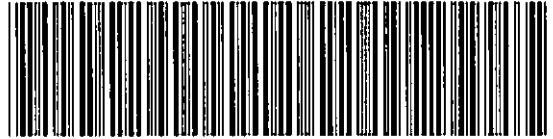
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 SEP 21 AM 11:42
TALLAHASSEE, FL

D. BRUCE
OCT 28 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

Proud Son Brother and Friend LLC

SUBJECT: _____
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:

Rodrigo Mesia

Name of Person

Firm/Company

16916 SW 39TH CT

Address

MIRAMAR, FLORIDA 33027

City/State and Zip Code

psbf.llc@gmail.com

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

For further information concerning this matter, please call:

Rodrigo Mesia

786

3669780

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 SEP 21 AM 11:42
TALLAHASSEE, FL

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

(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 05/10/2019 and assigned
Florida document number L19000121640.

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:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

16916 SW 39TH CT

Enter Florida street address

MIRAMAR

Florida

33027

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	RODRIGO MESIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16916 SW 39TH CT MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change
MGR	AUGUSTO M. MESIA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16916 SW 39TH CT MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change
MGR	Silvana P. Chavez		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		16916 SW 39TH CT MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 21 2020
TALLAHASSEE, FL
AM 11:42
Change
Add
Remove

2020 SEP 21 AM 11:12
TALLAHASSEE, FL

2020 SEP 21 AM 11:12
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

Signature of a member or authorized representative of a member

Rodrigo Mesia

Typed or printed name of signee