

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000333416370

@= 15/13--01.11--01. **30.0

FILED
2019 SEP 13 AH 9: 46

SEP 23 2019

COVER LETTER

ro:	Registration Sec Division of Corp			
27.232.14		ORIDA LLC		
SUBJE	ССТ:	Name of Limi	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please :	return all correspoi	idence concerning this matter	to the following:	
		NAHIROBY LOZANO		
			Name of Person	
		NL TAX CONSULTANT	INC	
			Firm/Company	
		1436 WEST 49TH STREE	T	
			Address	
		HIALEAH, FL 33012		
		NAHIROBY@NLTAXCO	City/State and Zip Code NSULTANT.COM	
		E-mail address: (t	to be used for future annual report notifi	cation)
for fur	ther information co	oncerning this matter, please ca	all:	
NAHII	ROBY LOZANO		305 982-8281 at ()	
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	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:

TO:

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

R.B.R.E FLORIDA LLC						
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on or bility Company)	ur records.)				
The Articles of Organization for this Limited Liability Company we Florida document number L19000212257	ere filed on <u>08/26/20</u>	19		and as	signed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabilit	v company here:					
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designat	ion "LLC" c	or the abbrev	iation "L	.L.C."	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)			: :	2017		, _
-				SEP 13	;	ie new
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our	records,	enter the	name	ofrthe	: new
Name of New Registered Agent:			-713	<u> </u>		_
New Registered Office Address:	Enter Florida stre	eet address				
		Flor	ida			

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, 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> RYAN ROIG	<u>Address</u> 20533 SW 88TH AVE	Type of Action
AMBR		CUTLER BAY, FL 33189	
			☐ Remove
			Change
AMBR	EDDY ROIG	20533 SW 88TH AVE CUTLER BAY, FL 33189	
			□ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			Remove
			☐ Change
			
			Remove
			Change

				_
				
				_
				_
				_
				_
			-	
-				
				_
ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must be: If the date inserted in this block				
ument's effective date on the Dep			•	
record specifies a delayed		ot an effective time	, at 12:01 a.m. on the ear	lier of
he 90th day after the reco	a is filed.			
SEPTEMBER 3	2019			
ed		·		
	ignature of a member or aut			
		hariant community of a	manihar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00