

L200000 15255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

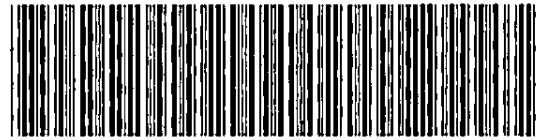
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D BRUCE
OCT 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIBRATERRA LLC

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:

MARIAN SARMIENTO

Name of Person

FIBRATERRA LLC

Firm/Company

66 WEST FLAGLER ST. STE 900-2352

Address

MIAMI, FL 33130

City/State and Zip Code

MSARMIENTO@FIBRATERRA.COM

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

For further information concerning this matter, please call:

MARIAN SARMIENTO

Name of Person

at (239) 494-5973

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL
SEP 11 2020

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FBI FD

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FIBRATERRA LLC

(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 01/08/2020 and assigned Florida document number 1.20000015255.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

66 WEST FLAGLER STREET

STE 900-2352

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

66 WEST FLAGLER STREET

STE 900-2352

MIAMI, FL 33130

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:

BETHZABY GUILLEN

New Registered Office Address:

9228 SW 146 PL.

Enter Florida street address

MIAMI

Florida

33186

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



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TALLAHASSEE, FL

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>
AMBR	MARIAN SARMIENTO	CARRERA 21 No 107-22	<input type="checkbox"/> Add
		EDIF. CONDOMINIO NAVARRA APTO 103	<input type="checkbox"/> Remove
		CHICO NAVARRA. BOGOTA D.C. COLOMBIA	<input checked="" type="checkbox"/> Change
AMBR	ROBINSON O. AVILA ALMAO	URBANIZACION COLINAS DE CARRIZAL	<input checked="" type="checkbox"/> Add
		CALLE LOS CEDROS, CASA No 603-C	<input type="checkbox"/> Remove
		CARRIZAL., ESTADO MIRANDA CP 1203 VENEZU	<input type="checkbox"/> Change
MGR	JUAN C GRAZIANI	CARRERA 21 No 107-22	<input type="checkbox"/> Add
		EDIF. CONDOMINIO NAVARRA APTO 103	<input type="checkbox"/> Remove
		CHICO NAVARRA. BOGOTA D.C. COLOMBIA	<input checked="" type="checkbox"/> Change
S	BETHIZABY GUILLEN	9228 SW 146 PL.	<input type="checkbox"/> Add
		MIAMI, FL. 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECURITY
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AUTORIZE MANAGER PARTICIPATION AND DISTRIBUTION

AMBR-MARIAN SARMIENTO 50 %

AMBR- ROBINSON O AVILA ALMAO 50 %

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SECRETARY
TALAMON STATE

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E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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.

Dated September 5, 2020.

Marian Sarmiento

Signature of a member or authorized representative of a member

MARIAN SARMIENTO

Typed or printed name of signee