L20000177248

(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:



900389920219

1. p. 11 ...11 ... +: .

2022 JUN 30 PM 1: 47 SECRETARY OF STATE TALLABASSEE FLORID!

M. H

Office Use Only

COVER LETTER

Division of Co						
	RO BROTHERS INVESMENT.	LLC				
SUBJECT:	Name of Lim	ted Liability Company				
The unclosed Articles of	f Amendment and fee(s) are sub	mitted for filing				
Please return all corresp	condence concerning this matter	to the following:				
	JOSE L. MONTERO					
		Name of Person				
		Firm/Company		20 1		
	5930 NW 99th AVE, UNIT 13					
	Address					
	DORAL, FL 33178			30 PH		
	JOSELUISMONTERO@F	City/State and Zip Code LASHAIRCARGO.COM to be used for future annual report notifi	ication)	2022 JUN 30 PM 1: 48 SECRETARY OF STATE TALLAHASSEE FLORIDA		
For further information	concerning this matter, please concerning this matter, please concerning this matter.		,			
JOSE LUIS MONTER	.0	305 305-2497				
Name	of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &		
<u>Mailing Addr</u> Registratior	n Section	Street Address: Registration Sec				
Division of	Corporations	Division of Corp				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTERO BROTHERS INVESM	•		
(Name of the Limite	ed Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on 06/24/2020	and assigned
Florida document number L20000177248	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
MONTERO BROTHERS INVESTMENT, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity 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)		5930 NW 99TH AVE., UNIT 13	2022 [A]
		DORAL, FL 33178	2 JUN
			~ · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		5930 NW 99TH AVE., UNIT 13	O PH
(Mailing address MAY BE A POST OFFICE)	BOX)	DORAL, FL 33178	OR I
(Manning underess MATE DE ATT OUT OF THE DOTY)			<u>~</u> ∞
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	~	address on our records, <u>enter the n</u>	ame of the new registered
	5030 NIV 00T	H AVE., UNIT 13	
New Registered Office Address:		Enter Florida street address	
	DORAL	, Florida	33178
	<u> </u>	City , Florida	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 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>	Type of Action
			□ Add
			□Remove
			Change
			□Add
			□ Remove
			SEC: CAChange TO Add CAChange
			ASSE FLORIDA
			⊡ Change
			□Add
			□Remove
			Change
		-	□Remove
			□Change
			□Add
			□Remove
			□Change

						<u>. – </u>					
		<u> </u>				_		-	_		
											
				_							
							_				
									AEC	2022	
						_			AHA M∃S	NUL	
			-	_					SSE Y	30	٢
			<u> </u>							<u> </u>	ר
					<u> </u>				- REF	#8 84 : 	•
		_		·		_			No.		
	 					·					
					-						
			<u>_</u>								
							_		_		
ffective dat	te, if other that ate is listed, the da date inserted in t ffective date on	ite must be spec this block doe	f filing; cific and cam is not meet	the applica	to date of filir able statutor	ng or more t y filing red	nan 90 days	optional after filin , this dat	g.) Pursua	int to 605 it be liste	i.0207 ed as
Note: If the d		ee	but not an e	effective ti	me, at 12:01	a.m. on th	ne earlier o	f: (b) 1	The 90th	day afte	r the
Note: If the document's electric record speci	fies a delayed e	nective date,									
Note: If the didocument's ef	fies a delayed e	frective date,		202 V	<u>z</u> .						
Note: If the conduction of the	fies a delayed e	Signatu	6		Z.	entative of a	member				

Filing Fee: \$25.00