## LZ0000240964

(R	equestor's Name)	
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(C	ity/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(421) 31 F.: 12: 31

OCT 12 2020

## **COVER LETTER**

TO:

TO: Registration Se Division of Co			
LMBRA	O INVESTMENTS LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Luís A. Montero		
		Name of Person	
11.	<del>.</del>	Firm/Company	
	10045 SW 52 th Terrace		
٠		Address	
•	Miami, Florida, 33165		
		City/State and Zip Code	
	Imbravo07@gmail.com	to be used for future annual report not	(fication)
For further information of	concerning this matter, please or		incanon)
Luis A. Montero		305 970-1263	
Name 6	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ection
Registration Division of 0		Registration Se Division of Co	
P.O. Box 63	-	The Centre of	•
Tallahassee	FI 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7320 /11 31 FILI2: 37

LMBRAV	O INVESTMENTS LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our res i Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number L20000240964	Company were filed on 8/10/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
•		
	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties gent as provided for in Chapter 69 ed office address, I hereby confirn	s, and I am familiar with and 05, F.S. Or, if this document is

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

Title	Name	Address	2820 AT 3 3   P	Type of Action
MGR	Luis A Montero	10045 SW 52 Terrace	e, Miami, Fl, 33165	Add
				□Remove
AMBR	Luis A. Montero	10045 SW 52 Terrace	e, Miami, Fl, 33165	Add
•			1-71	□Remove
				□Change
				□Add
				□Remove
				 □Change
				□Add
				Remove
				: □Change
				□Add
				□Remove
				□Change
				□ Remove
				□ Change

ective date, if other than the date of filing:  effective date, if other than the date of filing:  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 505,   te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste untent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after s filed.  Ed.  Signature of effective or authorized representative of a member				<i>रे जिता</i> न्त	F: 12: 27
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Signature of a member or authorized representative of a member			for the second		
Signature of a member or authorized representative of a member		1	er all		
~ ^					

Filing Fee: \$25.00