

L20 000360966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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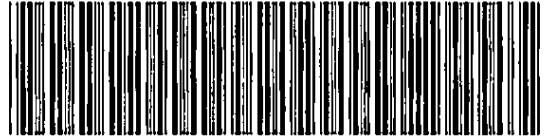
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8A Developers, 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:

CAETANO R. LOPES

\_\_\_\_\_  
Name of Person

8A DEVELOPERS, LLC

\_\_\_\_\_  
Firm/Company

3534 SW LORIOPE LOOP

\_\_\_\_\_  
Address

PALM CITY, FL 34990

\_\_\_\_\_  
City/State and Zip Code

clopesbh@gmail.com

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

For further information concerning this matter, please call:

CAETANO R. LOPES

305 772-600-7773  
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

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

8A DEVELOPERS, 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 NOVEMBER 13, 2020 and assigned  
Florida document number L20000360966.

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)**

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**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:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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	LUPION, FABIO	3534 SW LORIOPE LOOP	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIEIRA, CARLOS&KARINA	2947 CENTER STREET	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAMPOS, SERGIO F	8462 SW 137 STREET	<input type="checkbox"/> Add
		PALMETTO BAY, FL 33158	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRIADE DEVELOPERS, LLC	2 947 CENTER STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VX7 ENTERPRISES, LLC,	777 ARTHUR GODFREY RD. 404	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAETANO R. LOPES	3534 SW LORIOPE LOOP	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Type of Action</u>
AMBR	WINIDEA CORPORATION	3534 SW LORIOPE LOOPP	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOMINGUES, MARIANO	6700 INDIAN CREEK DR. AP 602	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
		CHANGE FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	TOSCA, PEDRO	115 SUNRISE DR, APT 2D	<input checked="" type="checkbox"/> Add
		KEY BISCAVNE, FL 33149	<input type="checkbox"/> Remove
		CHANGE FROM MGR TO AMBR	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Signature of a member or authorized representative of a member

CAETANO R. LOPES, REGISTERED AGENT

Typed or printed name of signee

**Filing Fee: \$25.00**