

121000044093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

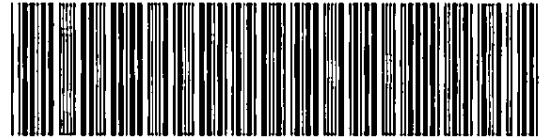
(Business Entity Name)

(Document Number)

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2022 JUL 14 AM 7:53
TALLAHASSEE, FLORIDA
TALLAHASSEE STATE

TO FILE

OCT 7 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LJOSEBRI 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:

LILIANA S. BRICEÑO GUZMAN
Name of Person
LJOSEBRI LLC
Firm/Company
13711 SW 90TH AVE
Address
MIAMI, FL 33176
City/State and Zip Code
habibi.sofi26@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIANA BRICEÑO at (786) 354-5037
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**

LIJOSEBRI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUL 14 AM 7:54
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/25/2021 and assigned
Florida document number L21000044093

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:

13711 SW 90TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33176

Enter new mailing address, if applicable:

13711 SW 90TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33176

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:

LILIANA S. BRICEÑO GUZMAN

New Registered Office Address:

13711 SW 90TH AVE

Enter Florida street address

MIAMI

City

Florida 33176

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	SOFLA BRICEÑO	1551 OKEECHOBEE ROAD	<input type="checkbox"/> Add
		APT 4	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33010	<input type="checkbox"/> Change
AMBR	LILIANA S. BRICEÑO GUZMAN	13711 SW 90TH AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

Multiple horizontal lines for amending information.

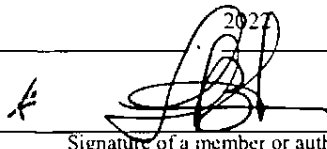
E. Effective date, if other than the date of filing: _____ (optional)

(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 JULY 06



Signature of a member or authorized representative of a member

LILIANA S. BRICEÑO GUZMAN

Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 14 AM 7:54

FILED

Filing Fee: \$25.00