

L21 000 530 479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

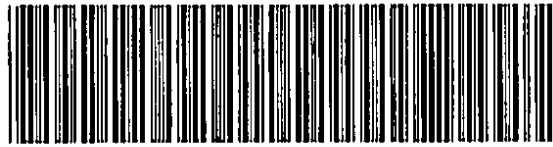
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22 SEP -9 PM 1:40  
Filing Office  
Division of Court Services

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INSTITUTO DE BIENES RAICES 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:

DIEGO FONSECA

Name of Person

DIEGO FONSECA

Firm/Company

1989 NE 163 RD, ST

Address

NORTH MIAMI BEACH, FLORIDA, 33162

City/State and Zip Code

nexus@nexusociety.com

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

For further information concerning this matter, please call:

DIEGO FONSECA

786

7402249

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS

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

INSTITUTO DE BIENES RAICES 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 12/17/2021 and assigned  
Florida document number L21000530479.

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:**

1989 NE 163 RD, ST NORTH MIAMI BEACH

**(Principal office address MUST BE A STREET ADDRESS)**

FLORIDA, 33162

**Enter new mailing address, if applicable:**

1989 NE 163 RD, ST NORTH MIAMI BEACH

**(Mailing address MAY BE A POST OFFICE BOX)**

FLORIDA, 33162

**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:

DIEGO FONSECA

New Registered Office Address:

1989 NE 163 RD, ST

*Enter Florida street address*

NORTH MIAMI BEACH

*City*

Florida 33162

*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.*

Diego Fonseca

**If Changing Registered Agent, Signature of New Registered Agent**

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	LOVERA U SAS	3375 SANDY SHORE LN	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL F CABRERA LEON	3375 SANDY SHORE LN	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOVERA U INC	1989 NE 163 RD, ST NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Add
		FLORIDA, 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CABRERA CAPITAL LLC	1989 NE 163 RD, ST NORTH MIAMI BEACH	<input checked="" type="checkbox"/> Add
		FLORIDA, 33162	<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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE ADDRESS: NEW ADDRESS: 1989 NE 163 RD, ST NORTH MIAMI BEACH, FLORIDA 33162

REMOVE: MGR LOVERA U SAS

REMOVE: MRG DANIEL F CABRERA LEON

ADD: MGR LOVERA U INC

ADD: MGR CABRERA CAPITAL LLC

CHANGE REGISTERED AGENT: NEW REGISTERED AGENT DIEGO FONSECA

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DIVISION OF CORPORATE AFFAIRS

**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 \_\_\_\_\_

Diego Fonseca

Signature of a member or authorized representative of a member

DIEGO FONSECA

Typed or printed name of signee