## L23000015a07

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## **COVER LETTER**

	Registration S Division of Co					
CUBICO	MONECH	IE & BROTHERS LLC				
SUBJEC	-1;	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
	FERNANDO MONTOYA ECHEVERRI					
			Name of Person	····		
		MONECHE & BROTHER	RS LLC			
			Firm/Company			
		7500 NW 25TH ST SUIT	E 237			
			Address	<del></del>		
		DORAL, FL 33122				
			City/State and Zip Code			
		INFO@JCBSOLUTIONSI				
			to be used for future annual report no	otification)		
For furth	er information	concerning this matter, please c	all:			
MONECHE & BROTHERS LLC		866 296-1833 at ()				
Name of Person		Area Code Dayti	ine Telephone Number			
Enclosed	l is a check for t	the following amount:				
<b>₹25.</b> 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C) \$55.00 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:	land's a		
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of Co				
		The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MONECHE & BROTHERS 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 \_\_\_\_\_\_\_01/06/2023 \_\_ and assigned Florida document number \_\_L23000015207 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) 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

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

Title	Name	<u>Address</u>	Type of Action
MGRM	Fernando Montoya-Echeverri	7500 NW 25th St	🗆 Add
		Suite 237	Remove
		Doral, FL 33122	■Change
MGRM	Dario D. Montoya-Echeverri	7500 NW 25th St	□∧dd
		Suite 237	_
		Doral, FL 33122	7
			□Remove
			□Change
			□Add
		-	🖸 Remove
			□Change
<del></del>	<del></del>		⊡Add
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fan effective <u>Note:</u> If the	ate, if other than the date of filing:	5.020 ed a
record spec d is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated	January 17 D 2023.	
	The same of the sa	
•		
•••	Fernando Monkya Echeveri	

Filing Fee: \$25.00