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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

PRIMITIVO SUBJECT:	O BRAVO SALES 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	ndence concerning this matter	to the following:	
	Primitivo Bravo Mejia		
		Name of Person	
	······································	Firm/Company	
	3787 JUSTICE CIRCLE		
		Address	
	IMMOKALEE, FL 34142		
	-	City/State and Zip Code	
	Primitivo9527@gmail.com	to be used for future annual report r	notification)
For further information o		-	omcanon)
	oncerning this matter, please c	ан:	
Primitivo Bravo Mejia		239 7035533 at ()	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address	
Registration S Division of C		Registration Division of C	
P.O. Box 632	•		f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIMITIVO BRAVO SALES LL		
(Name of the Lim	ited Llability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	06/16/2023 and assigned
Florida document number 1.23000292632		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses		r records, enter the name of the new register
		్తు
Name of New Registered Agent:	Primitivo Bravo Mejia	
New Registered Office Address:	3787 JUSTICE CIRCLE	
-	Enter 1	Florida street address
	IMMOKALEE	, Florida ³⁴¹⁴²

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.

City

Zip Code

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>	Address	Type of Action
MGR	Primitivo Bravo Mejia	3787 JUSTICE CIRCLE IMMOKALEE, FL 34142	
			□Remove
			□Add
			□Remove
		·	□Change
			□Add
		-	□Remove
			□Change
			□ Add
			□Remove
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ian effective da <u>Note:</u> If the d	te is listed, the dat ate inserted in th	the date of filing the must be specific and his block does not the Department of	nd cannot be prior meet the applica	to date of filing or more	(option e than 90 days after fi requirements, this	n al) (ling.) Pursuant to 605.020 (date will not be listed a
	ies a delayed eff	ective date, but no	ot an effective ti	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
record specif d is filed.						
d is filed.	ber 20		2023			
record specifd is filed. Dated Septem	ber 20		, 2023			
d is filed.	ber 20	Signature of a		rized representative of	`a member	····