## L24000408576

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	٦
12-110-24	
Office Use Only	



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SECRETARY OF STATE



November 8, 2024

RICARDO E JORGE 1610 E VINE ST SUITE C KISSIMMEE, FL 34744 US

SUBJECT: BROTHERS GROUP PROPERTY LLC

Ref. Number: L24000408576

We have received your document for BROTHERS GROUP PROPERTY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please [記記] (850) 245-6050.

Dec'ho zm

SHANTELL BROWN Regulatory Specialist II

Letter Number: 524A0002457

www.sunbiz.org

## **COVER LETTER**

TO: Registration So Division of Co				
	RS GROUP PROPERTY LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RICARDO E JORGE			
	<del> </del>	Name of Person		
	BROTHERS GROUP PRO	OPERTY LLC		
	<del></del>	Firm/Company		
	1610 E VINE ST SUITE O	3		
		Address		
	KISSIMMEE, FL 34744			
		City/State and Zip Code	<del></del>	
	GUERREROTAX@YAHC			
		to be used for future annual report notif	lication)	
For further information of	concerning this matter, please c		202 SE 1	
RICARDO E JORGE		407 485-1349	CRE	42X
Name c	of Person	at () Area Code Daytime	2024 DEC 16 SECRETARY TALLLAHAS e Telephone Number HAS	*** !
Enclosed is a check for t	the following amount:		OF S	ا اندو اندو
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	21	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROTHERS GROUP PROPERTY 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  $\frac{09-19-2024}{2}$ \_ and assigned Florida document number L24000408576 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 "LLC." 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

## 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.

Circ

. Florida

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
AMBR	RAMON R FRANCISCO	1610 E VINE ST SUITE C	□ Add
		KISSIMMEE, FL 34744	■Remove
			□Change
AMBR	RAFAEL A AMARANTE	16808 FLORENCE VIEW DR	■Add
		MONTVERDE, FL 34756	□Remove
			□Add
			©Remove
			Change SECRET
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