

LI1000136828

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : JOSE PEREZ
Account Number : 120130000083
Phone : (305)436-0093
Fax Number : (305)436-0094

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALCLA LLC.**

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SALCLA LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE PEREZ

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Firm/Company

7325 NW 36TH ST

Address

MIAMI, FL 33166

City/State and Zip Code

JOSE.PEREZ@JPGBUSINESS.COM

E-mail address: (to be used for firm's annual report notification)

For further information concerning this matter, please call:

JOSE PEREZ **305 200-8657**

Name of Person at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SALCLA 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 12/05/2011 and assigned
Florida document number L11000136828

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 end with 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

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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CLAUDIA E. RENNA DE C	10012 NW 7th STREET	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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(H 1 3 0 0 0 2 5 8 0 3 5 3)

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

Dated **NOVEMBER 18** **2013**

(Signature)
Signature of a member or authorized representative of a member

SALVADOR A. CANNELLA

Typed or printed name of signee

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