L1500128356

(Re	equestor's Name)	<u> </u>	
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2015

GABRIEL RAMOS MBA RAMOS, RAMOS & COMPANY 8798 SW 8TH ST, STE 6 MIAMI, FL 33174

SUBJECT: LAS MARIAS PRODUCTS, LLC

Ref. Number: L15000128356

We have received your document for LAS MARIAS PRODUCTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 c酮 (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 915A00026702

COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJ	ECT:	LAS MARIA	IS PRODUCTS, LLC	
0020		Name of Lim	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Gabriel Ramos MBA	
			Name of Person	
		Ŕa	amos, Ramos & Company	
			Firm/Company	
		879	98 SW 8th Street, Suite 6	
			Address	
			Miami, FL 33174	
			City/State and Zip Code	
			ability Company I for filing. following: riel Ramos MBA Name of Person Ramos & Company Firm/Company W 8th Street, Suite 6 Address ami, FL 33174 I/State and Zip Code Pramosramosco.com sed for future annual report notification) At (305) Area Code Daytime Telephone Number F 22 Area Code	
	Division of Corporations CT:LAS MARIAS PRODUCTS, LLC			
For fu	rther information co	oncerning this matter, please c	all: Hri A	
Ga	briel Ramos Mi	BA	at (_305) 220-2127	1
	Name o	f Person	Dayanie recipione remode 7	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclo	sed is a check for th	ne following amount:	₩ 3	
⊠ \$2	25.00 Filing Fee	_	Certified Copy Certificate of Status & Certified Copy	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	AS MARIAS PRODUCTS, LLC		
(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	July 28, 2015	and assigned
Florida document number <u>L15000128356</u>			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company he	re:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		_	
Mailing address MAY BE A POST OFFICE	BOX)		
		=======================================	
		1	8
B. If amending the registered agent and	or registered office address on	our records, enter	the scame of the r
registered agent and/or the new registered o	ffice address here:	60	
Name of New Registered Agent:	Maria L. Murillo		ס ה
New Registered Office Address:	9751 NW 46 Terrace	©:	
	Enter Flor	ida street address 💢	$\ddot{\omega}$
	Miami	, Florida	33178
	City		7in 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Maria M. Escuela	9751 NW 46 Terrace	
		Doral, FL 33178	₩ Remove
			Change
MGR	Fidel Lozada	9751 NW 46 Terrace	23 Add
		Doral, FL 33178	Remove
			Change
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				<u> </u>	2016	
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Dec. d				(options	l j	
(If an effective da	e, if other than the date of fit te is listed, the date must be specific the inserted in this block does n	and cannot be prior to date	of filing or more than 90 d	lavs after fili	ng Pursuant to	605 0207 ()
document's ef	fective date on the Department	of State's records.	futory ming requireme	AND A	W	nsieu as ti
the record sp The 90th	pecifies a delayed effective day after the record is file	e date, but not an e ed.	ffective time, at 1	2:01 a.m	n. on the ea	rlier of:
Dated	December 10	, 2015	0 11			
		(24/2 de	Junt			_
	Signature o	of a member or authorized n	presentative of a membe			
		Maria L. Mu				_