

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L16000019602

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

From:
Account Name : VALDES ACCOUNTING AND TAXES,
Account Number : I20120000066
Phone : (305) 227-2727
Fax Number : (305) 397-2675

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: valdesaccounting@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRACTO CENTER LLC**

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TALLAHASSEE, FLORIDA

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D. BRUCE

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRACTO CENTER LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CARLOS JAVIER BERMUDEZ ORDOSGOITE

Name of Person

TRACTO CENTER LLC

Firm/Company

11825 SW 154TH CT

Address

MIAMI, FL 33196-6875

City/State and Zip Code

valdesaccounting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS JAVIER BERMUDEZ ORDOSGOITE

786 447-5155
at ()

Name of Person

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 copies 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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000078248 3)))

TRACTO CENTER 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 02/01/2016 and assigned
Florida document number L16000019602.

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:

5960 NW 99TH AVE UNIT 2

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178-2712

Enter new mailing address, if applicable:

5960 NW 99TH AVE UNIT 2

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178-2712

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 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if needed) (((H16000078248 3)))

I received from IRS my Employer Identification Number: 36-4827607

Please, add my FEI/EIN Number 36-4827607

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 29, 2016

Signature of a member or authorized representative of a member

CARLOS JAVIER BERMUDEZ ORDOSGOITE

Typed or printed name of signer

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