

L17000009993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

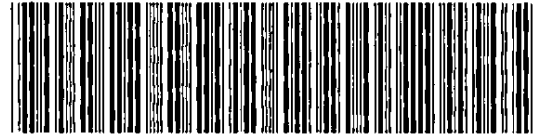
(Business Entity Name)

(Document Number)

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17 JUN 29 PM 2:12
S. WARREN
JUN 29 2017

S. WARREN

JUN 30 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAINT MICHAEL TRADING & INVESTMENTS 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:

JUAN A FIGUEROA

Name of Person

JUAN A FIGUEROA PA CPA

Firm/Company

1428 BRICKELL AVENUE STE 206

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

CARMEN@JAFCPA.COM

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

For further information concerning this matter, please call:

JUAN A FIGUEROA

305 448-5844

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$50.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

SAINT MICHAEL TRADING & INVESTMENTS 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 01/12/2017 and assigned Florida document number 1.1700009993.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

17 JUL 11 2017 PM 2:12
STATE OF FLORIDA
SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NAVARRO LESIN, ELIAS E	200 BISCAYNE BLVD WAY	<input type="checkbox"/> Add
		#4511 MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NAVARRO CESIN, ELIAS E	200 BISCAYNE BLVD WAY	<input checked="" type="checkbox"/> Add
		#4511 MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUN 29 2:10 PM '09
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

N/A

Multiple horizontal lines for amending information.

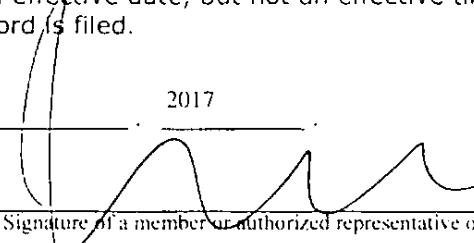
E. Effective date, if other than the date of filing: 01/12/17 **(optional)**

(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 JUNE 20 2017

X

Signature of a member or authorized representative of a member

ELIAS E NAVARRO CESIN
Typed or printed name of signee

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STATE OF FLORIDA