

L14 000 164801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

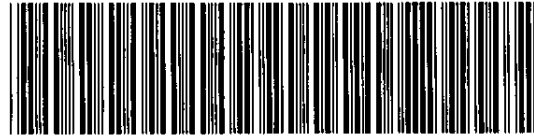
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600266215446

600266215446
11/12/14--01023--018 **25.0

FILED
14 NOV 20 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 03 2014

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2014

JORDI TORRENTS
2655 LE JEUNE RD SUITE 804
CORAL GABLES, FL 33134

SUBJECT: NEW CONCISA USA LLC
Ref. Number: L14000164801

We have received your document for NEW CONCISA USA 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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 call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00024550

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW CONCISA USA 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:

JORDI R TORRENTS

Name of Person

JORDI R TORRENTS PA

Firm/Company

2655 LE JEUNE ROAD SUITE 804

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JORDI.TORRENTS@TORRENTSLAW.COM

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

For further information concerning this matter, please call:

JORDI R TORRENTS

at (305) 4466244

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 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

NEW CONCISA USA 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 OCTOBER 22, 2014 and assigned
Florida document number L14000164801.

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)

500 E BROWARD BLVD

SUITE 1710

FORT LAUDERDALE, FLORIDA 33394

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 E BROWARD BLVD

SUITE 1710

FORT LAUDERDALE, FLORIDA 33394

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



FILED
14 NOV 20 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

[illegible]

14 NOV 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Add ☐ Remove

14 NOV 20 AM 9:25

[illegible]

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

E. Effective date, if other than the date of filing: DATE OF FILING (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 5 2014

Signature of a member or authorized representative of a member
JESUS SANCHEZ - MANAGER

Typed or printed name of signee



Page 3 of 3

Filing Fee: \$25.00

FILED
14 NOV 20 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA