

L08000054657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

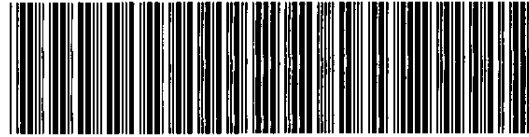
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700212271307

09/19/11--01029--007 \*\*35.00

FILED  
11 SEP 26 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 27 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2011

MELISSA ANGEL  
BRITO & BRITO ACCOUNTING  
407 LINCOLN ROAD STE 9A  
MIAMI BEACH, FL 33139

SUBJECT: EMPRESAS BOUTOLEV, LLC  
Ref. Number: L08000054657

We have received your document for EMPRESAS BOUTOLEV, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 511A00021689

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empresas Boutolev 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:

Melissa Angel

Name of Person

Brito & Brito Accounting

Firm/Company

407 Lincoln Rd Ste 9A

Address

Miami Beach, FL 33139

City/State and Zip Code

Meloangel567@aol.com

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

For further information concerning this matter, please call:

Melissa Angel

Name of Person

at ( 305 )

534-9292

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

FILED

11 SEP 26 AM 8:46

Empresas Boutolev LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/03/2008 and assigned  
Florida document number L08000054657.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N-A

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:

7770 Biscayne Blvd

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Fl 33138

Enter new mailing address, if applicable:

7770 Biscayne Blvd

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami, Fl 33138

**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:

7770 Biscayne Blvd

*Enter Florida street address*

Miami

, Florida

33138

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

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>
	NA-		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

MGMR ADDRESS

7770 Biscayne Blvd

Miami FL 33138

FILED  
11 SEP 26 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee