Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : I20130000024 : (215)299-2162 Phone Fax Number : (215)299-2150

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

Email Address: vlagana@foxrothschild.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEVILLE IMPORTS REAL ESTATE, LLC

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11/24/2014

Fax Audit #H14000273393 3 COVER LETTER

TO:

Registration Section
Division of Corporations

SEVILLE IMPORTS REAL ESTATE, 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:

VANESSA LAGANA

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

200 S. BISCAYNE BLVD., SUITE 3590

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

VLAGANA@FOXROTHSCHILD.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

.305, 442-6544

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 Tallahassec, 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

Fax Audit #H14000273393 3

	ilty Company as it now appears on our records.) Is Limited Liability Company)	14 NOV 25 SECRETAR FALL/HASS
The Articles of Organization for this Limited Liability Florida document number L09000029051 This amendment is submitted to amend the following:	Company were filed on 03/24/2009	Yand assigned 7: 52 YEAR STATE
A. If amending name, enter the new name of the lim The new name must be distinguishable and end with the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	daZip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Maria Zulema Beresaluce Salinero	405 Wilmont Drive	[] Add
		Waukesha, WI 53189	≡ Rеточе
MGR	Antonio Beresaluce Diez	405 Wilmont Drive	[] Add
		Waukesha, WI 53189	≅ Remove
MGR	Antonio Beresaluce Salinero	405 Wilmont Drive	
		Waukesha, WI 53189	Remove
			C Remove
		AC S	Add SECRETAR
		<u></u>	OF Shadd

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ctiv Nect	re date, if other than the date of filing: Goptional five date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
d	November 5 2014
~	Boure
	Signature of a member of mulifolized representative of a member
	Ignacio Borrero Pascual
	ASpecier punted name of against.

Page 3 of 3

Filing Fee: \$25,00

Fax Audit #H14000273393 3

14 NOV 25 AM 7: 52 SECRETARY OF STATE