

LC900047237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

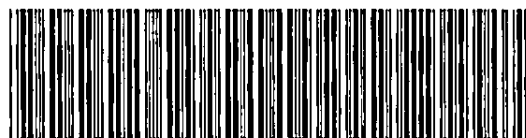
(Document Number)

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

Special Instructions to Filing Officer:

wrong form

Office Use Only



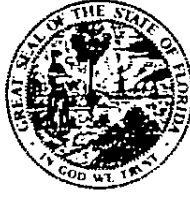
000301066110

07/10/17--01066--007 \*\*43.75

FILED  
17 JUL 24 PM 2:57  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

S. WARREN

JUL 27 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2017

ARMANDO FILGUEIRAS  
1060 NE 146 STREET  
NORTH MIAMI, FL 33161

SUBJECT: FILGUEIRA GROUP, LLC  
Ref. Number: L09000047237

We have received your document for FILGUEIRA GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 617A00014225

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Filgueira Group, 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:

Armando Filgueiras  
Name of Person

The Mottler Place  
Firm/Company

1060 NE 146 Str.  
Address

M. MIAMI, FL. 33161  
City/State and Zip Code

afilgueiras28@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armando Filgueiras at ( 305 ) 308-0238  
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**

Filgueira Group, 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 05/14/2009 and assigned Florida document number L09000047237.

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:

(Principal office address MUST BE A STREET ADDRESS)

14831 West Dixie Highway  
North Miami, FL 33181

Enter new mailing address, if applicable:

(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:

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

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>                      |
|--------------|-----------------------|---------------------|--|
| VP           | William Boza          | 14245 W. DIXIE HWAY | <input type="checkbox"/> Add               |
|              |                       | N. MIAMI, FL 33161  | <input checked="" type="checkbox"/> Remove |
|              |                       |                     | <input type="checkbox"/> Change            |
| P            | Enrique Marin Fundora | 3550 Palm Avenue #8 | <input type="checkbox"/> Add               |
|              |                       | Hialeah, FL 33012   | <input checked="" type="checkbox"/> Remove |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |
|              |                       |                     | <input type="checkbox"/> Add               |
|              |                       |                     | <input type="checkbox"/> Remove            |
|              |                       |                     | <input type="checkbox"/> Change            |

FILED  
17 JUL 24 PM 2:57  
COUNTY OF DADE  
TALLAHASSEE, FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 7-28-17 (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 July 20, 2017

Signature of a member or authorized representative of a member

Armando Filgueiras  
Typed or printed name of signer

Typed or printed name of signee

FILED  
17 JUL 24 PM 2:57  
FALL GOSSETT, FLORIDA