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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 22 2009

EXAMINER

S. HAWKES

AUG 11 2009

EXAMINER

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUDEINDER, LLC

DOCUMENT NUMBER: L09000051896

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxana Mirabal

Name of Contact Person

Roxana Mirabal, P.A.

Firm/ Company

3650 NW 82 Avenue, PH 505

Address

Miami, Florida 33166

City/ State and Zip Code

rmpa@bellsouth.net

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

For further information concerning this matter, please call:

Roxana Mirabal

Name of Contact Person

at (

305)

593-2011

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SUDEINDER, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/28/2009 and assigned
Florida document number L09000051896

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)

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 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.

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> |
|--------------|--------------------------|---|--|
| MGRM | Tovar, Alberto | 7900 SW 57 Avenue, Suite 23 South Miami, Florida 33145 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Tovar, Alberto, Jr. | 7900 SW 57 Avenue, Suite 23 South Miami, Florida 33145 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Aguilera, Gladsilvi | 7900 SW 57 Avenue, Suite 23 South Miami, Florida 33145 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Aguilera, Gladsilvi, Jr. | 7900 SW 57 Avenue, Suite 23 South Miami, Florida 33145 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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 MIAMI, FLORIDA

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

Dated _____

9/3/09

[Signature]

Signature of a member or authorized representative of a member

Tovar, Alberto

Typed or printed name of signee