

LO9000106328

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUL 21 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABITARE 18 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:

ANDRES FERNANDO GOMEZ TELLEZ

Name of Person

Firm/Company

2665 S. BAYSHORE DRIVE SUITE 703

Address

MIAMI, FL 33133

City/State and Zip Code

burguitos81@hotmail.com

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

For further information concerning this matter, please call:

PAOLA ANDREA BURGOS

Name of Person

at (786)

9737257

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11 JUL 20 PM 3:35

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

ABITARE 18 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 MIAMI and assigned
Florida document number L09000106328.

This amendment is submitted to amend the following:

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

ABITARE VITAMINS 18 LLC

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:

7185 NW 87 AV MIAMI FL 33178

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

burguitos81@hotmail.com

(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:

PAOLA ANDREA BURGOS

New Registered Office Address:

7185 NW 87 AV

Enter Florida street address

MIAMI

, Florida

33178

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>
MGR	ANDRES GOMEZ	2665 S BAYSHORE DRIVE # 703 MIAMI, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PAOLA A. BURGOS	7185 NW 87 AV MIAMI FL, 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RONALD CAVANZA	2665 S BAYSHORE DRIVE # 703 MIAMI, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RONALD E. DUARTE	CARRERA 28 # 40-64 APTO 201 BUCARAMANGA COLOMBIA	<input checked="" 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.)

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11 JUL 20 PM 9:35
SOUTH FLORIDA
ALLAHSEE

Dated JULY 18, 2011

Signature of a member or authorized representative of a member

Ronald Cavanza
Typed or printed name of signee