

L10000089110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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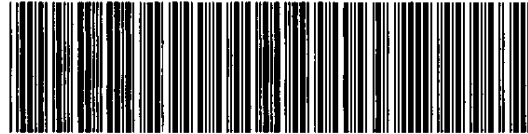
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 15 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIRVEN USA, 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:

GERARDO A. SERRAO BAPTISTA

Name of Person

CIRVEN USA, LLC

Firm/Company

9681 NW 45 LN.

Address

MIAMI, FL 33178

City/State and Zip Code

GERRYPOZ@HOTMAIL.COM

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

For further information concerning this matter, please call:

GERARDO A. SERRAO BAPTISTA

Name of Person

at (**305**)

793-4455

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

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CIRVEN USA, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**(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 AUGUST 2010 and assigned Florida document number L10000089110.

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 "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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

Title	Name	Address	Type of Action
MGRM	CIRVAL DE VENEZUELA S SERVICIOS DE LUBRICACIÓN, SA	CARRERA GUARAPICHE, EDIFICIO MACAGUA 1 LOCAL NO. 2 ZONA INDUSTRIAL UNARE 1, CD. GUAYANA, VENEZUELA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FRANCISCO J. GIMENEZ	807 BRICKELL KEY DR. MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ORLANDO J. DÍAZ	90 ALTON ROAD UNIT 1009 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ADRIAN A. DELGADO	4866 SWEET CEDAR CIRCLE ORLANDO, FL 32829	<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.)

Dated SEPTEMBER 09TH, 2010

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10 SEP 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

GERARDO A. SERRAO BAPTISTA

Typed or printed name of signee

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Filing Fee: \$25.00