

L100000097331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

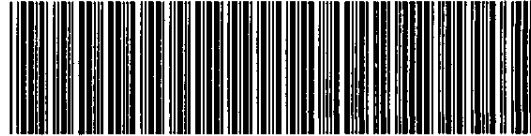
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 08 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG SUPPLIERS 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:

CARLOS A. MACCHI

Name of Person

WEALTH PROJECTS GROUP COMPANY

Firm/Company

P. O. BOX 161976

Address

MIAMI, FL 33116-1976

City/State and Zip Code

macchiins@bellsouth.net

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

For further information concerning this matter, please call:

CARLOS A. MACCHI

Name of Person

at (305) 967-0471

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BIG SUPPLIERS 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 09/17/2010 and assigned
Florida document number L10000097331.

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)

8314 N.W. 56 STREET

DORAL, FL 33166-4020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8314 N.W. 56 STREET

DORAL, FL 33166-4020

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TALLAHASSEE, FLORIDA
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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:

PABLO RICARDO CASANOVA

New Registered Office Address:

8314 N.W. 56 STREET

Enter Florida street address

DORAL

Florida

33166-4020

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.

Pablo Ricardo Casanova
If Changing Registered Agent, Signature of New Registered Agent

PABLO RICARDO CASANOVA

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	MELINA SAMANTHA CAJAL	8314 N.W. 56 STREET DORAL, FL 33166-4020	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CARLOS ALBERTO MACCHI	8314 N.W. 56 STREET DORAL, FL 33166-4020	<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
			<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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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated 12/02 2011



Signature of a member or authorized representative of a member
MELINA SAMANTHA CAJAL

Typed or printed name of signee