

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.
Account Number : I20080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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14 MAY 21 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHUECA, LLC

Certificate of Status	0
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K. SALY
EXAMINER
MAY 22 2014

05/21/2014 09:31
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GUZMAN & GUZMAN PA

PAGE 02/05

5/21/2014 8:31:31 AM PAGE 1/001 Fax Server



May 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHUECA, LLC
12521 SW 94 TERRACE
MIAMI, FL 33186

SUBJECT: CHUECA, LLC
REF: L10000124414

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: E14000119730
Letter Number: 414A00010939

RECEIVED
14 MAY 21 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2014 MAY 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFCHUECA, 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 12/03/2010 and assigned
Florida document number L10000124414.

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:

9130 S DADELAND BLVD STE 1509

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI FL, 33156

Enter new mailing address, if applicable:

9130 S DADELAND BLVD STE 1509

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI FL, 33156

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:

GUZMAN & GUZMAN P.A.

New Registered Office Address:

9130 S DADELAND BLVD STE 1509

Enter Florida street address

MIAMI

City

Florida 33158

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.

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	SAPAG, CLAUDIO H	12521 SW 94 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	DI FIORI, DEBORA	12521 SW 94 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD STE 1509	<input checked="" type="checkbox"/> Add
		MIAMI FL, 33156	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 19, 2014

Signature of a member or authorized representative of a member

SAPAG, CLAUDIO H

Typed or printed name of signee