L11000059853

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

I OCT 21 AM WI

C. LEWIS OCT 2 4 2011 EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Jose Montiel, LLC	
(Name of Limited	l Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning thi	is matter to:
Jose Montiel	
(Contact Person)	
JoseMontiel, LLC	
(Firm/Company)	
12738 SW 44th Street	
(Address)	,
Miramar, FI 33027	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Jose Montiel	699-7262
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for
\$25 Filing Fee	\$55 Filing Fee &
V 420 1 mmg 1 00	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

COVER LETTER

TO Registration Division of C	Section orporations					
SUBJECT:	JOSE N	MONTIEL LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
Jose Montiel						
Name of Person						
	Jose Montiel LLC					
Firm/Company						
	1	2738 SW 44th Street				
	Address					
	Miramar, Fl 33027					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please c	eall:				
	Jose Montiel	at (954)	99-7262			
Name of Person at (954) 699 Area Code & Daytime Tele		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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 OCT 21 AM W: 04

	Jose Mo	ntiel, LLC	SECRET	ARY OF STATE
(<u>Name of the Limited</u> (A	Liability Comp Florida Limited	any as it now appe Liability Company	ears on our records.)AHA	SSEE. FLORIDA
The Articles of Organization for this Limited L		ny were filed on	May 20th, 2011	and assigned
Florida document numberL1100005	3003			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company h	ere:	
	N/	'A		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Com	pany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)	eco.		
B. If amending the registered agent and/ registered agent and/or the new registered o			our records, enter the	e name of the new
Name of New Registered Agent:	N/A		-v -W-	
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 **Type of Action Title** <u>Name</u> **Address** Jose Montiel Mgr. ☐ Add
☑ Remove 12738 SW 44th Street Miramar, FI 33027 Mgr. Gabriela Tiniacos 12738 SW 44th Street ✓ Add Remove Miramar, Fl 33027 _ Add Remove Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 8 2011 Dated _ Signature of a member or authorized representative of a member Jose Montiel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00