

L11000083715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212641809

900212641809
12/30/11--01021--014 **25.00

FILED

2012 JAN 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 30 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACRISTIB, 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:

Ana Cristina Barriga

Name of Person

ACRISTIB, LLC

Firm/Company

2132 N.E. 32nd Avenue

Address

Fort Lauderdale, Florida 33305

City/State and Zip Code

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

FILED
2012 JAN 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jason H. Haber, Esq.

Name of Person

at (954)

727-8101

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2012

ANA CRISTIAN BARRIGA
ACRISTIB, LLC
2132 N.E. 32ND AVENUE
FORT LAUDERDALE, FL 33305

SUBJECT: ACRISTIB, LLC
Ref. Number: L11000083715

FILED
2012 JAN 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ACRISTIB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

We will not list members, only managers or managing members

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 412A00000150

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

ACRISTIB, 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 07/21/11 and assigned
Florida document number L11000083715.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 JAN 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>PEDRO MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>MARCELLA MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>PAULINA MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>SERGIO MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>FELIPE MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>SANTIAGO MARTINEZ</u>	<u>2132 N.E. 32nd Avenue</u> <u>Fort Lauderdale, Florida 33305</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add additional Member: FRANCISCA MARTINEZ, 2132 N.E. 32nd Avenue, MGRM
Fort Lauderdale, Florida 33305

Dated

12/27/11

2011

Signature of a member or authorized representative of a member

Jason H. Haber, Esq., authorized agent

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 27 AM 11:54

FILED