

L11000085999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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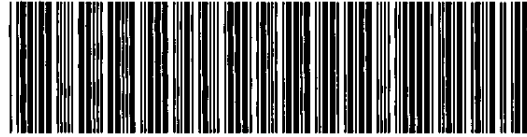
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN

AUG 28 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALMACENADORA CUMBOTO 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:

GLORIA CONTRERAS

Name of Person

M&L ACCOUNTING SERVICES, INC.

Firm/Company

16969 NW 67TH AVENUE #201

Address

HIALEAH, FL. 33015

City/State and Zip Code

GLORIA@MLACCOUNTINGSERVICE.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GLORIA CONTRERAS

Name of Person

at (305)

231-7212

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

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

ALMACENADORA CUMBOTO USA, 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 07/21/2011 and assigned
Florida document number L11000085999.

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)

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:

CARMELO J. PETIT

New Registered Office Address:

11368 MIRAMAR PARKWAY

Enter Florida street address

MIRAMAR

City

Florida

33025

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>
MGRM	CARMELO J. PETIT	11368 MIRAMAR PARKWAY MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MIGUEL LEON	11368 MIRAMAR PARKWAY MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDWIN GONZALEZ	5230 SW 149 AVENUE MIRAMAR, FL 33027	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NORA M. MARINO RIVERA	5230 SW 149 AVENUE MIRAMAR, FL 33027	<input type="checkbox"/> Add <input checked="" 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 AUGUST 17, 2012

Signature of a member or authorized representative of a member

CARMELO J PETIT

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED