

L11000118115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

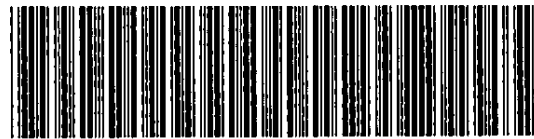
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100291535401

11/09/16--01009--019 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV - 9 P 12:31

FILED

S Warren

NOV 10 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FAS 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:**

RICHARD F. PUERTO

Name of Person

**PUERTO RENFROW PLLC**

Firm/Company

2950 SW 27TH AVENUE, SUITE 100

Address

MIAMI, FL 33133

City/State and Zip Code

rfp@puertorenfrow.com

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

**For further information concerning this matter, please call:**

Richard F. Puerto	786	900-0208
Name of Person	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**

FAS 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 10/17/2011 and assigned  
Florida document number L11000118115.

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 contain 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)**

c/o PRCPA 2950 SW 27TH AVENUE, SUITE 100

MIAMI, FL 33133

**Enter new mailing address, if applicable:**

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

c/o PRCPA 2950 SW 27TH AVENUE, SUITE 100

MIAMI, FL 33133

**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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	HECTOR TONANTE	247 SW 8TH STREET #894	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HECTOR TONANTE	247 SW 8TH STREET #894	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA GUADALUPE TONANTE	247 SW 8TH STREET #894	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PATRICIA R. C. DE TONANTE	247 SW 8TH STREET #894	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2018 NOV - 9 P 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Dated**

11/1/2016, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ADRIANA DOMÍNGUEZ

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2018 NOV - 9 P 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA