# 11000125211

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SECRETARY OF STATE

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## SABATER CACERES TRADING, 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:

## YOLANDA KATON, LEGAL ASST.

Name of Person

ALEX D. SIRULNIK, P.A.

Firm/Company

2199 Ponce De Leon Blvd., Ste 301

Address

Coral Gables, FL 33134

City/State and Zip Code

ykaton@sirulniklaw.com

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

For further information concerning this matter, please call:

## Yolanda Katon

ູ,<sub>/</sub>305、443-7211 Ext. 1

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

FILED

2013 JUN 11 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sabater Caceres Trading, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000125211</u> .	were filed on November	er 3, 2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	8765 NW 116 Cou	rt		
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33178			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same as above			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	ords, enter the name of the new		
	City	_, Florida 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

Title	<u>Name</u>	Address	Type of Action
MGR	Walter F. Tharrington Sabater	11002 NW 83 Street, Unit 217	7 Add
		Doral, FL 33178	Remove
MGR	Beatriz A. Acevedo Sabater	3635 Torremolinos Avenue	Add
		Doral, FL 33178	Remove
MGR	Walter F. Tharrington Sabater	8765 NW 116 Court	Add
		Doral, FL 33178	Remove
MGR	Beatriz A. Acevedo Sabater	8765 NW 116 Court	Add
		Doral, FL 33178	Remove
			- Add
			Remove
			. Add
			Remove

D. If amen	ding any	other information, e	nter change(s) here:	(Attach additional sheets, if necessor	ary.)
					min Majaragaman Papagama
					<del></del>
 <sub>Dated</sub> Jur	ne 7		2013		***************************************
	,	$\mathcal{A}$ .			
بي_		Signature of	of a member or authoriz	zed representative of a member	<del></del>
	Walt	er Tharrington,	Manager		
	1		Typed or printed i	name of signee	
		V	Page 3	of 3	

Filing Fee: \$25.00

SECRETARY OF STATE