

L11000137252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

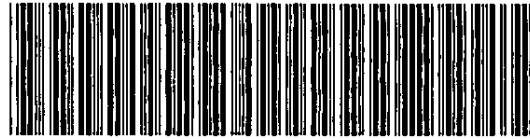
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2013 JUN 18 PM 1:03

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDIAN CHEMICAL GROUP, 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:

AIDA K FURGIUELE

Name of Person

FLORIDIAN CHEMICAL GROUP, LLC

Firm/Company

7370 NW 56 ST

Address

MIAMI, FL 33166

City/State and Zip Code

AKTRUJILLO@KOBETRADINGUSA.COM

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

For further information concerning this matter, please call:

AIDA K FURGIUELE

Name of Person

at **305 863-7417**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN 18 PM 1:03

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

FLORIDIAN CHEMICAL GROUP, 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 12/06/11 and assigned
Florida document number L11000137252.

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)

7370 NW 56 ST

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7370 NW 56 ST

MIAMI, FL 33166

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:

AIDA K FURGIUELE

New Registered Office Address:

7370 NW 56 ST

Enter Florida street address

MIAMI

City

, Florida 33166

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
 OFFICE OF THE SECRETARY
 1000 PENNSYLVANIA AVENUE
 SUITE 1800
 WASHINGTON, DC 20004-1100
 TEL: 202-724-3000
 FAX: 202-724-3001
 WWW.STATE.GOV

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

Dated _____, _____.

JA. Trujillo

6/12/2013

Signature of a member or authorized representative of a member

JOSE ALEJANDRO TRUJILLO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALL 48/03/00/00/00/