## 111000139883

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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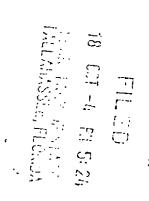
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OCT 2 0 2018 S. YOUNG



## **COVER LETTER**

TO: Registration ; Division of Co			•		
	HEMINGWAY'S WAREHOUS	SE, LLC			
SUBJECT:	Name of Lin	nited Liability Company			
	of Amendment and fee(s) are sub	_			
Please return all corresp	pondence concerning this matter  Carlos Alva	rez Miranda			
		Name of Person			
	422 NW No	Firm/Company orth River Drive			
	Miami, Flori	Address ida 33128		18 COT	
	. —	City/State and Zip Code emiami.com / Cmiranda@seasp		3000年后	i
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	fication)	TH 5: 24	,
Telma Pena		305 440-4200 x	203	1 34 T	
Name	of Person		e Telephone Number	· <del>······</del>	
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)	Certified (	e of Status &	
MAI	LING ADDRESS:	STREET/COURT	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S WAREHOUSE, LLC		
( <u>Name of the Lin</u>	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited Florida document number L11000139883	Liability Company were file	ed on12/31/2011	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appl		ny," the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>er</u>	nter the name of the nev
Name of New Registered Agent:	CARLOS ALVAREZ M	IRANDA	
New Registered Office Address:	630 NW 5TH STREET		
	1	Enter Florida street address	
	MIAMI	Florid:	
	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

Tit <u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	APPELROUTH CONSULTING CORP.	999 PONCE DE LEON BLVD SUITE 625	Add
			<del> </del>
			■ Remove
			☐ Change
MGRM	Carlos Alvarez Miranda	630 NW 5th Street Miami, Florida 33128	Add
			Remove
			Change
MGRM	Robert Zarco	2 S. Biscayne Blvd Suite 3400 Miami, Florida 33131	
			Remove
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Signature of a member or authorized representative of a member		Signature of a member or authorized representative of a member
	_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00