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OCT 1 4 2015 J SHIVERS Venemac Import 11251 NW 20 St, Unit 106 Miami FL 33172

Tel: (786) 4974490 Ext 102

Subject: Cover Letter for Payment of Chk

Dear Florida department,

Enclosed please find check number 251 dated 06 Oct 2015 for \$25,00 for the amendment of VENEMAC IMPORT in order to include Luis Sequera and Raquel Duran send it on 09/10/2015.

Please forward acknowledge receipt.

Regards,

Raquel Duran

Manager

Enclosure: 1 X check

COVER LETTER

	Division of Cor				
SUBJEC	VENEMA(C IMPORT, LLC		~ (0)	
SUBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		LUIS SEQUERA			
			Name of Person	A A STANLEY	
		VENEMAC IMPORT, LL	С		
	Firm/Company				
	11251 NW 20TH ST, UNIT 106				
			Address		
		Name of Person VENEMAC IMPORT, LLC Firm/Company 11251 NW 20TH ST, UNIT 106 Address MIAMI, FL 33172 City/State and Zip Code LSEQUERA@GROUP-RG.COM E-mail address: (to be used for future annual report notification)			
		LUIS SEQUERA Name of Person VENEMAC IMPORT, LLC Firm/Company 11251 NW 20TH ST, UNIT 106 Address MIAMI, FL 33172 City/State and Zip Code LSEQUERA@GROUP-RG.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call:	A SOURCE TO THE		
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For furthe	er information c			Cation	
LUIS SE	QUERA		Name of Limited Liability Company Innent and fee(s) are submitted for filing. c concerning this matter to the following: JIS SEQUERA Name of Person ENEMAC IMPORT, LLC Firm/Company 251 NW 20TH ST, UNIT 106 Address IAMI, FL 33172 City/State and Zip Code EQUERA@GROUP-RG.COM E-mail address: (to be used for future annual report notification) ing this matter, please call: at (786 / 497-4490 / Area Code) Daytime Telephone Number Dayting amount: 30.00 Filing Fee & Certified Copy (additional copy is neclosed) Certificate of Status & Certified Copy (additional copy is neclosed)		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &	

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



VENEMAC IMPORT, 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 Florida document number <u>L12000004363</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbre	viation "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)		Maria de la companya
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		e name of the new
Name of New Registered Agent:		5 0 CRE
		AST THE MAN
New Registered Office Address:	Enter Florida street address	
	, Florida	V) Octo
New Registered Agent's Signature, if changing Registered Agent:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam rovided for in Chapter 605, F.S. Or, if	niliar with and this document is

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>	Address	Type of Action
MGR	NICOLETTE VIANA	11251 NW 20TH ST, UNIT 106	
		DORAL, FL 33172	■ Remove
			☐ Change
MGR	LUIS SEQUERA	11251 NW 20TH ST, UNIT 106	⊞ Add
		MIAMI, FL 33172	□ Remove
		**************************************	□ Change
MGR	RAQUEL DURAN	11251 NW 20TH ST, UNIT 106	Add
		MIAMI, FL 33172	☐ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00

