

L120002560563  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES  
Account Number : I20130000076  
Phone : (305) 388-7028  
Fax Number : (305) 479-2705

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALICA ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 OCT 17 AM 9:51  
TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 18 2016

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

ALICA ENTERPRISES, 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 03/20/2012 and assigned  
Florida document number L12000038809

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

Enter new mailing address, if applicable:

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

**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:

N/A

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	ALICIA B ANDREOTTI	253 NE 2ND AVENUE # 612	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	JUAN C MONIER	253 NE 2ND AVENUE # 612	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	JIMENA MONIER	500 BAYVIEW DRIVE # 220	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input checked="" type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
Manager	EZEQUIEL MONIER	253 NE 2ND AVENUE # 612	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Authorized Representative	CLAUDIO A MINONES	500 BAYVIEW DRIVE # 220	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL	<input checked="" type="checkbox"/> Remove
		33160	<input type="checkbox"/> Change
Manager	RODRIGO MONIER	253 NE 2ND AVENUE # 612	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

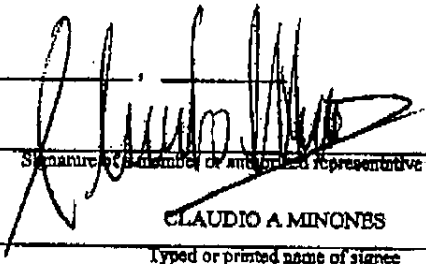
TITLE: MANAGER  
NAME: DIEGO G MONER  
ADDRESS: 253 NE 2ND AVENUE # 612  
MIAMI, FL 33132  
TYPE OF ACTION: REMOVE

TITLE: MGR  
NAME: CLAUDIO A MINONES  
ADDRESS: 500 BAYVIEW DRIVE # 220  
SUNNY ISLES BEACH, FL 33160  
TYPE OF ACTION: ADD

E. Effective date, if other than the date of filing: 10-13-2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 10-13-2016

  
Signature of a member or authorized representative of a member  
CLAUDIO A MINONES  
Typed or printed name of signer

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