

L 12000049698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/12--01015--022 **30.00

08/08/12--01015--023 **30.00

FILED
12 AUG -8 PM 3:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 9 2012



August 7, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
850-245-6051

Registration Section,

Enclosed please find Articles of Amendment for Sucomex, LLC Document number L12000049698 deleting one member and adding another.

Once this change has been completed please send us a certified copy of Sucomex's complete file in the enclosed FedEx envelope. A separate money order has been included to cover the cost of this documentation request.

Please send the certified copy via FedEx to the address listed below.

IBT- Group LLC
1200 Brickell Avenue, Suite 1700
Miami, Florida 33131
305 358-5055

Included are the following two money orders:

- Money Order # 20434325927 in the amount of \$30.00 (Filing Fee and Certificate of Status)
- Money Order # 20434325916 in the amount of \$30.00 (Certified Copy of Complete File)

Thank you in advance,

A handwritten signature in black ink, appearing to read "Vicki Rivero", with a stylized flourish at the end.

Vicki Rivero
Legal Coordinator

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUCOMEX, 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:

Andrea Mon

Name of Person

SUCOMEX, LLC

Firm/Company

1200 Brickell Avenue, Suite 1700

Address

Miami, FL 33131

City/State and Zip Code

alexandra.alcala@ibtgroup.com

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

For further information concerning this matter, please call:

Andrea Mon

Name of Person

at (305) 358-5055

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SUCOMEX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 AUG -8 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 11, 2012 and assigned Florida document number L12000049698.

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)

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:

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 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>
MGR	RAFAEL RUIZ-VILLAR	1200 Brickell Avenue Suite 1700 Miami, FL 33131 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LEONARDO MARQUEZ	1200 Brickell Avenue Suite 1700 Miami, FL 33131 USA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 1, 2012



Signature of a member or authorized representative of a member

Alexandra Alcala

Typed or printed name of signee