

L120000061214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Am
APR 23 2015
R. WHITE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Concession Management 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:

Abiel Ballesteros

Name of Person

Concession Management LLC

Firm/Company

1741 sw 14 street

Address

Miami FL. 33145

City/State and Zip Code

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

For further information concerning this matter, please call:

Abiel Ballesteros

Name of Person

at (786)

Area Code

355-6646

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

TO
ARTICLES OF ORGANIZATION
OF

Concession Management LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/11/2012 and assigned
Florida document number L12000064214

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:

6303 Blue Lagoon Drive suite 400

(Principal office address MUST BE A STREET ADDRESS)

Miami FL. 33126

Enter new mailing address, if applicable:

1724 sw 22 terrace

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL. 33145

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 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

Authorized Member being added or removed from our records:

MGR= Manager

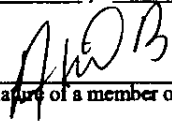
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Abelardo Bautista	12786 sw 54 street	<input type="checkbox"/> Add
		miramar fl. 33027	<input checked="" type="checkbox"/> Remove
	Jorge Machado	1741 sw 14 street	<input type="checkbox"/> Add
		miami fl 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/19, 2015



Signature of a member or authorized representative of a member

Abiel Ballesteros

Typed or printed name of signee