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ARAZOZA & FERNANDEZ

PAGE 01/05

Division of Corporations

Page 1 of 1

L12000085314

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

****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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ARISTA USA, LLC.

Certificate of Status	1
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B. BOSTICK

SEP 22 2014

EXAMINER
9/19/2014

H14000220384 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARISTA USA, 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:

LAURA KOHN

Name of Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

Name of Person

305 444-6226 x 233

at (Area Code)

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

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

ARISTA USA, 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 06/25/2012 and assigned
Florida document number L12000085314

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)

605 LINCOLN RD., SUITE #460

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

605 LINCOLN RD., SUITE #460

MIAMI BEACH, FL 33139

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

City, Florida

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

H14000220384 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
<u>MGR</u>	<u>MIGUEL, ALVARO</u>	<u>5600 COLLINS AVE, APT. #10H</u>	<input type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33140</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MAGANA, JUAN MARCOS</u>	<u>605 LINCOLN RD., SUITE #460</u>	<input type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>ASTIER, ENRIQUE</u>	<u>C/. PORTUETXE #24, SAN SEBASTIAN</u>	<input type="checkbox"/> Add
		<u>20018 SPAIN</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>XABIER URIEN CRESPO</u>	<u>OCEAN LN 55 #3019</u>	<input checked="" type="checkbox"/> Add
		<u>KEY BISCAYNE, FL 33149</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: **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 **JULY 11, 2014**


Signature of a member or authorized representative of a member

XABIER URIEN CRESPO

(Typed or printed name of signer)

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
FLORIDA