

L12000106398

Florida Department of State
Division of Corporations
Business Filings Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

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JAN
2014
JAN - 6 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address:

dhernandez@agilaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALMACENES HERMANAS MORCILLO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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December 31, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGI REGISTERED AGENTS, INC.

SUBJECT: ALMACENES HERMANAS MORCILLO, LLC
REF: L12000106398

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

Please return your document, along with a copy of this letter, within 90 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H13000385510
Letter Number: 013A00029325

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Almacenes Hermanas Morcillo, 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

at

305 416-6800

Name of Person

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**FILED**
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TALLAHASSEE, FLORIDA
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Almacenes Hermanas Morcillo, 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 08/17/2012 and assigned
Florida document number L12000106398.

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)

2700 N Miami Avenue
Suite 208
Miami, Florida 33127

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TALLAHASSEE FLORIDA

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

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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>
MGR	Penelope Morcillo de Prado	2700 N. Miami Avenue	<input type="checkbox"/> Add
		Suite 208	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33127	
MGR	Pablo Maida	2700 N Miami Avenue	<input checked="" type="checkbox"/> Add
		Suite 208	<input type="checkbox"/> Remove
		Miami, Florida 33127	
MGR	Elisa Castro	2700 N Miami Avenue	<input type="checkbox"/> Add
		Suite 208	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33127	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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JAN 6 2014
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if needed. (H13000285510 3)))

E. Effective date, if other than the date of filing: January 1, 2014 (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated

January 1, 2014
Signature of a member or authorized representative of a memberRobert R. Adams, authorized
Typed or printed name of signeerepresentative

Page 3 of 3

Filing Fee: \$25.00

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2014 MAY - 6 PM 12: 07
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