# L1200134437

(Re	questor's Name)	)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

# SULEMA INTERNATIONAL LLC

SUBJECT: \_\_\_\_

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:

William Gerstein

Name of Person

Gerstein & Baret, PL

Firm/Company

3007 W Commercial Blvd., Ste. 105

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

wg@usaimmigrationlaw.com

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

For further information concerning this matter, please call:

William Gerstein

at (954)486-9966

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

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

FILED 12 NOV 13 AM 10: 25

### SULEMA INTERNATIONAL LLC

SLUNCTARY OF STATE TALLAHASSEE; FLORIDA (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 Liab Florida document number L12000134937	oility Company were filed on 10/23/2012	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street o	address
	, Florida	
	City	7in 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Soulema, Hemda 3500 Mystic Pointe Drive, Apt. 405 MGR Aventura, FL 33180 Remove Remove Add Remove

	Amend the address of MGRM Sulema, David to:
-	3500 MYSTIC POINTE DR., SUITE 405
	AVENTURA FL 33180
Dated N	ovember 9
	and -
	Signature of a member or authorized representative of a member William Gerstein, Attorney, Registered Agent and Authorized Representative
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

12 NOV 13 AH IO: 25
SECRETARY OF STATE
SECRETARY OF