

L12000137884

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2013 JUL 17 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 18 2013  
J. BRYAN

LAW OFFICES OF ZAEDY R. POZO  
GABLES INTERNATIONAL PLAZA  
2655 LEJEUNE ROAD  
PENTHOUSE I-D  
CORAL GABLES, FL 33134  
Tel: (305) 442-7141  
Fax: (305) 447-8369

July 15, 2013

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

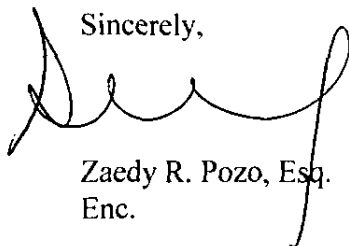
RE: Filing Amendment - Document No. L12000137884  
Aceros Asuncion, LLC

Gentlemen:

Attached please find Articles of Amendment and my \$25 check to cover the filing fees. Please use the above-referenced address as the company address, and any emails should be sent to [zaedyp123@aol.com](mailto:zaedyp123@aol.com).

Should you have any questions, feel free to contact me.

Sincerely,



Zaedy R. Pozo, Esq.  
Enc.

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Aceros Asuncion, 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 10/29/2012 and assigned Florida document number 412 000 137884

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

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412-81

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>
MGRM	Ricardo M. Sanchez	2655 LeJeune Rd, PH1D CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sergio D. Sanchez	2655 LeJeune Rd, PH1D CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Adriana Sanchez	2655 LeJeune Rd, PH1D CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Ricardo Sanchez	2655 LeJeune Rd, PH1D CORAL GABLES, FL 33134	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

A.S.H.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 7/9, 2013.

✓ [Signature]  
Signature of a member or authorized representative of a member

RICARDO SUAREZ ABRA RUTH SANCHEZ  
Typed or printed name of signee

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