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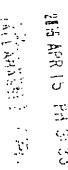
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COVER LETTER

Division of Co			
BRISAS E SUBJECT:	DEL CARIBE MARKET LLC	r	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JULISSA ROSADO		
	Bame of Person		
	• •		
	TAMPA, FLORIDA 33618	Address	
	JULISSA ROSADO Bame of Person DCM SERVICES CENTER INC Firm/Compuny 2529 W BUSCH BLVD SUITE 1000 Address TAMPA, FLORIDA 33618 City/State and Zip Code CONTACT@DCMSERVICESCENTER.COM E-mail address* (to be used for future annual report notification) beerning this matter, please call: 813 990-8630 at ()		
Exe further information a		•	leation)
JULISSA ROSADO	wheering his matter, piease of	813 990-8630	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

BRISAS DEL CARIBE MARKET LLC

	TO	ar.
ART	CICLES OF ORGANIZA	ATION EX TO
	OF	72
BRISAS DEL CARIBE MARKE	T LLC	
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
	(A Fronda Eminted Maonity Company	
The Articles of Organization for this Limited I	Liability Company were filed on 2	ATION Pars on our records.) 03/01/2013 and assigned
Florida document number L13000032088		
	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
and the second s	or the ninet manner tompany	nere .
The new name must be distinguishable and contain the	n ards "Limited Liability Commun." th	decimation "LLC" or the abbraviation "LLC"
the new traine must be distinguishable and contain me	words Elimico Elability Company, in	e designation (1.1.c. of the adoreviation (1.1c.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	ROVI	
(Planting waters MATT DE 717 OST OF TICE		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and	Mar registered affice address	on our records, enter the name of the new
registered agent and/or the new registered of		ou our records; enter the name or the new
Name of New Registered Agent:	JOVANNY MEDINA	
Name of New Registered Agent.		
New Registered Office Address:	4406 W PARIS STREET	
		larida street address
	TAMPA	Florida ³³⁶¹⁴
	Ciţy	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALTAGRACIA GUILLEN	4406 W PARIS STREET TAMPA, FL 33614	
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ective date, if other than t	he date of filing:			(ontional)	
effective date is listed, the date n	iust be specific and cannot b	e prior to date of fil	ing or more than 90 d	ays after filing.) Pursa	
e: If the date inserted in this ument's effective date on the			ry filing requireme	nts, this date will no	of the fisted
	•				
record specifies a delay	ed effective date, b	ut not an effec	ctive time, at 1	2:01 a.m. on th	e earlier
he 90th day after the re	ecord is filed.				
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Typed or printed name of signee

Filing Fee: \$25.00