

L17000035021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

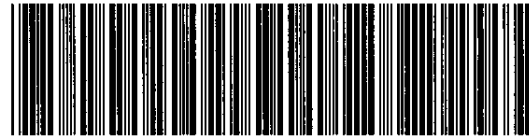
(Business Entity Name)

(Document Number)

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10/15/13--01053--012 **55.00

FILED
13 OCT 15 AM 11:05
TAMPA, FLORIDA

J. Shivers OCT 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure US Mailing, 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:

Manny Diaz, CPA

Name of Person

Sachs Diaz & Diaz, PL

Firm/Company

3675 SW 24th Street

Address

Miami, FL 33145

City/State and Zip Code

manny@sfmia.com

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

For further information concerning this matter, please call:

Manny Diaz

Name of Person

at (305) 446-9700

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

13 OCT 15 PM 11:05
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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

Secure US Mailing 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 03/07/2013 and assigned
Florida document number L13000035021.

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)

1111 SW 1 Avenue, Apt. 2622

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

199 E Flagler Street

PMB 1640

Miami, FL 33131

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: Alejandro Miguel Guardiola

New Registered Office Address: 1111 SW 1 Avenue, Apt. 2622

Enter Florida street address

Miami, Florida 33130

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.

Alejandro Miguel Guardiola
If Changing Registered Agent, Signature of New Registered Agent

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:

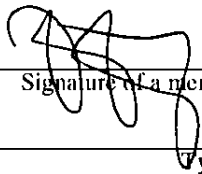
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rebecca Smith	260 Glenridge Road	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Remove
MRGM	Jorge E. Gutierrez	260 Glenridge Road	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Remove
MGRM	Alejandro Miguel Guardiola	1111 SW 1 Avenue, Apt. 2622	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<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

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

Dated 10/10/13



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE