

L13000060904

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DIVISION OF CORPORATIONS
13 AUG 21 AM 8:50

AUG 22 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETHNOVATE 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:

GABRIEL J. BEDOYA VASQUEZ
Name of Person

ETHNOVATE LLC
Firm/Company

13355 SW 9 COURT Suite 116
Address

Pembroke Pines Florida 33027
City/State and Zip Code

gabriel@ethnovate.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL J. BEDOYA VASQUEZ at (305) 851-5051
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 AUG 21 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 8, 2013

GABRIEL J BEDOYA VASQUEZ
13355 SW 9 CT
STE 116
PEMBROKE PINES, FL 33027

SUBJECT: ETHNOVATE, LLC
Ref. Number: L13000060904

We have received your document for ETHNOVATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00019029

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

ETHNOVATE 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 Florida and assigned

Florida document number 13000060904.

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)

13355 SW 9 COURT Suite 116
PEMBROKE PINES, FL 33027

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:

ALVARO DE JESUS JARAMILLO MESA

New Registered Office Address:

13355 SW 9 COURT Suite 116

Enter Florida street address

PEMBROKE PINES, Florida 33027
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

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

Title	Name	Address	Type of Action
MGR	ETHNOVATE, SAS	CARRERA 25A #1A SUR-45	<input type="checkbox"/> Add
		LOCAL 9500	<input checked="" type="checkbox"/> Remove
		MEDALLIN, AN, COLOMBIA	
MGRM	GABRIEL J. BGCABA VASQUEZ	13355 SW 9 COURT Suite 116	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<input type="checkbox"/> Remove
MGRM	ALVARO DE JESUS JARAMILLO MENDO	13355 SW 9 COURT Suite 116	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33027	<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

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

Dated

8/14/2013, 2013

Signature of a member or authorized representative of a member

A/VORO DE JESUS JARAMILLO MESA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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