

L1300072999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

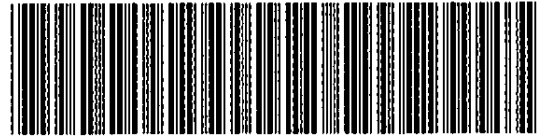
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/13--01037--004 **25.00

FILED
13 JUL 25 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

p/c

JUL 26 2013
N. CAUSSEAU



Atención Maribel Rivera
L 13000072999

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2013

A-C CHIPS DIST, LLC
CESAR PERALTA
17650 NW 67TH AVE APT 1419
HIALEAH, FL 33015

We have received your document in this office, however, the document is being returned for the following:

The form submitted is for a Judgment Lien Amendment. Enclosed I have printed out the LLC amendment form for you.

If you should have any further questions, please call the Judgment Lien Filing Section at 850-245-6011.

Maribel Rivera
Senior Clerk
Division of Corporations

Doc Reference:
Letter Number: 130618134520#1J13001116772

Division of Corporations -P.O. Box 6250 - Tallahassee, Fl. 32314
www.sunbiz.org

L130000 72999

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-C Chips Dist, 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:

Cesar Peralta
Name of Person

A-C Chips Dist, LLC
Firm/Company

17650 NW 67th Ave Apt 1419
Address

Hialeah, FL 33015
City/State and Zip Code

cperalta1718@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cesar Peralta at (786) 587-9570
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

L13000072999

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A-C Chips Dist, 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 5/17/2013 and assigned
Florida document number L13000072999

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)

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TALLAHASSEE, FLORIDA

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

L13 0000 72999

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>
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MGR	peralta, Cesar	17650 NW 67th Ave Apt 1419 Hialeah, FL, 33015	<input checked="" type="checkbox"/> Add
		title "p"	<input checked="" type="checkbox"/> Remove

MGRM	Rodriguez, Rafaelina	17650 NW 67th Ave Apt 1419 Hialeah, FL, 33015	<input checked="" type="checkbox"/> Add
		title "vp"	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Add
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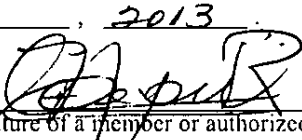
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

L130000 72999

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

Dated July 02

2013


Signature of a member or authorized representative of a member

Cesar Peralta
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA