

AUG-20-2014 12:38 From:

To: 8502456010

17378

L13000085170

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : 120080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE WEST WOODS IMPORT AND EXPORT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

**M. MILLIGAN
EXAMINER**

AUG 21 2014



August 20, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE WEST WOODS IMPORT AND EXPORT, LLC
2141 SW 1ST STREET, SUITE 110
MIAMI, FL 33135

SUBJECT: THE WEST WOODS IMPORT AND EXPORT, LLC
REF: L13000085170

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

TIS COVERSHEET IS FOR A LIMITED PARTNERSHIP.

Please return 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 III

FAX Aud. #: H14000192725
Letter Number: 614A00017942

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WEST WOODS IMPORT AND EXPORT, 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:

ENNA DIEPPA

Name of Person

KIJOENNA SERVICE INC

Firm/Company

2141 SW 1ST STE 110

Address

MIAMI, FL 33135

City/State and Zip Code

KJESERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

ENNA DIEPPA

Name of Person

at (305) 6443055

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

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

THE WEST WOODS IMPORT AND EXPORT, 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 06/12/2013 and assigned
Florida document number L13000085170

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 "LLC."

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MONTEIRO, ANTONIO	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LUJAN, MARCELA	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MONTEIRO, ESTEFANIA	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ENNA DIEPPA	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MONTEIRO, ANTONIO	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	LUJAN, MARCELA	2141 SW 1ST SUITE 110 MIAMI FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR – Manager

AMBR = Authorized Member

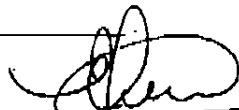
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MONTEIRO, ESTEFANIA	2141 SW 1ST SUITE 110	<input checked="" type="checkbox"/> Add
		MIAMI FL 33135	<input type="checkbox"/> Remove
AMBR	MONTEIRO, BRIAN	2141 SW 1ST SUITE 110	<input checked="" type="checkbox"/> Add
		MIAMI FL 33135	<input type="checkbox"/> Remove
AMBR	ENNA, DIEPPA	2141 SW 1ST SUITE 110	<input checked="" type="checkbox"/> Add
		MIAMI FL 33135	<input type="checkbox"/> Remove
MGR	Monteiro, Brian	2141 SW 1st Suite 110	<input type="checkbox"/> Add
		Miami FL 33135	<input checked="" 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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Anna Dieffen

Typed or printed name of signer

FILED
16 AUG 21 11 39 AM
TALLAHASSEE, FL
CLERK OF COURT