L13000085170

Division of Corporations

Florida Department of State
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To:

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Fax Number : (850)617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE WEST WOODS IMPORT AND EXPORT, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

GM 8/12/14

August 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KRTSJOENNA SERVICES, INC.

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

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be

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

Elliott R McCaskill
Registration Specialist II

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE BEST 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 SEVICE INC
Firm/Company

2141 SW 1ST ST 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)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ENNA DIEPPA at (305) 6443055
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE BEST WOODS IMPORT AND EXPOR, 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 "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 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

Title	Name	Address	Type of Action
AMBR	MONTEIRO, ANTONIO	2141 SW 1ST ST STE 110 MIAMI FL 33135	☐ Add ■ Remove
MGR	MONTEIRO, ANTONIO	2141 SW 1ST ST STE 110 MIAMI FL 33135	■ Add ☐ Remove
AMBR	LUJAN, MARCELA	2141 SW 1ST ST STE 110 MIAMI FL 33135	☐ Add ■ Remove
MGR	LUJAN, MARCELA	2141 SW 1ST ST STE 110 MIAMI FL 33135	■ Add ☐ Remove
MGR	ENNA DIEPPA	2141 SW 1ST ST STE 110 MIAMI FL 33135	☐ Add ■ Remove
			☐ Add ☐ Remove

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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 _____

Antonio Monteiro
Signature of a member or authorized representative of a member

Antonio Monteiro
Typed or printed name of signee

Filing Fee: $25.00

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