

L13000088106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900249830009

07/19/13--01026--005 **25.00

FILED

2013 JUL 19 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gump JUL 22 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **418 MERIDIAN, 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:

CHRISTIAM CARDENAS, ESQ.

Name of Person

LOUIS A. SUPRASKI, P.A.

Firm/Company

2450 NE MIAMI GARDENS DR. 2ND FLOOR

Address

MIAMI, FL 33180

City/State and Zip Code

SUPRASKI@SUPRASKILAW.COM

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

For further information concerning this matter, please call:

LOUIS A. SUPRASKI, ESQ. at **305 792-0060**

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**

FILED
2013 JUL 19 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

418 MERIDIAN, 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 JUNE 18, 2013 and assigned
Florida document number L13000088106.

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)

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

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:

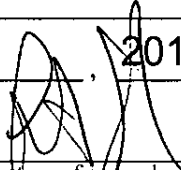
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERTO D. COLMENERO	AVENIDA DEL LIBERTADOR 2221	<input checked="" type="checkbox"/> Add
		BUENOS AIRES, BA 11111 AR	<input type="checkbox"/> Remove
MGRM	CARLOS M. PORCHETTO	AVENIDA DEL LIBERTADOR 5595, PISO 21	<input checked="" type="checkbox"/> Add
		BUENOS AIRES, BA 11111 AR	<input type="checkbox"/> Remove
MGRM	MATIAS E. PODESTA	CUBA 1833, 5TO PISO	<input checked="" type="checkbox"/> Add
		BUENOS AIRES, BA 11111 AR	<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.)*

PLEASE NOTE THAT PAGE 2 IS ONLY UPDATING THE
STATUS OF THE CURRENT MANAGERS TO THAT OF
MANAGING MEMBERS. THANK YOU.

Dated JULY 17, 2013


Signature of a member or authorized representative of a member

LOUIS A. SUPRASKI, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL 19 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA