13000096719

(R	equestor's Name)		
(Address)			
(A	ddress)		
(C	ity/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(B:	usiness Entity Nar	me)	
(D	ocument Number)		
Certified Copies	Certificate:	s of Status	
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08/03/2021 J.H.

2021 JUL 16 PM 6: 17

COVER LETTER

Division of Corporations	
SUBJECT: Barbarita's Liquors III, LLC	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	
Raul Gastesi	
Name of Person	
Gastesi & Associates, P.A.	
Firm/Company	
8105 NW 155 ST	
Address	
Miami Lakes. FL, 33016	
City/State and Zip Code	
Gastesi@glmlegal.com	
E-mail address: (to be used for future annu	nal report notification)
For further information concerning this matter, p	please call:
Raul Gastesi	305 818-9993 at ()
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: Barbarita's Liquor	s III, LLC	
2. (a)	400 E 41 ST, Hialeah, FL, 33013	(b) 18969 SW 80 CT, Cutler Bay, FL, 33157	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/08/2013 Date of filing/registration in Florida		3000096719 Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records of the Andres Rodriguez		ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET A 400 E 41 ST	DDRESS)	
	Hialeah	33013	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered G</u> Raul Gastesi	Office address	7021 JUL 16
	NEW Registered Office Address:		
	8105 NW 155 ST		ର 🏄
	Miami Lakes, FL_3	33016	
agent w was/we:	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered of oility compai the limited mited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signati	Andres Rodriguez c of a member or authorized representative of a member Print		Printed or typed name of signee
he obli o mere iotified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete populations of my position as registered agent as provided by reflect a change in the registered office address. I he in Avriting of this change.	e to act in the erformance of for in Chapt reby confirm	