## L14000007500

(Requestor's Name)			
(Address)			
(Add	dress)	<u></u>	
(City	//State/Zip/Phone	<del>;</del> #)	
PICK-UP	☐ WA!T	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



100268709221

02/17/15--01042--015 \*\*30.00

FEB 26 PH 3: 01

MARO 9 2015 D. BRUCE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2015

AGUSTIN A. AGUERA, JR. 6500 NW 72 AVE MIAMI, FL 33166

SUBJECT: SUGA LLC

Ref. Number: L14000007560

We have received your document for SUGA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 315A00003735

## **COVER LETTER**

**Registration Section** 

TO:

Divisio	n of Corp	orations					
SI	JGA, LL	С					
Name of Limited Liability Company							
		mendment and fee(s) are sub	_				
		AGUSTIN A. AGUE	RA, JR				
		Name of Person				-	
	SUGA, LLC						
	Firm/Company					_	
	6500 NW 72 AVE						
	Address				-		
	MIAMI, FL. 33166				5 m	on (f.	
	City/State and Zip Code						FFR 26
		agustin.aguera@gma	ail.com to be used for future a	nnual renort notif	ication)		ر بن
For further infor	mation cor	icerning this matter, please c		midai report nour	reaction)	my -	7 <b>0</b>
		,		500 0504		53%	ယ္ <b>ဝ</b>
AGUSTIN A			305 at (	593-6501 _)			_
	Name of I	erson	Area Code	: Daytime	: Telephone Number	ŗ	
Enclosed is a che	eck for the	following amount:					
□ \$25.00 Filin	g Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	Certified	ite of Status	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Reg Div Clii 266	REET/COURI gistration Section ision of Corpora from Building I Executive Cellahassee, FL 32	ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUGA, LLC						
(Name of the Limit	<mark>ed Liability Compa</mark> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Life Florida document number <u>L14000007560</u>	ability Company	were filed on 01/14/20	)14	and	d assig	ned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
N/A						
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designati	on "LLC" or the	abbreviati	ion "L.L	C."
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREE	T ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A				
B. If amending the registered agent and/registered agent and/or the new registered of	fice address here		ecords, <u>enter</u>	the na	me of 2015 FEI	the new
Name of New Registered Agent:					<u>~;~;</u>	"Alamah
New Registered Office Address:	N/A			<u> </u>	9	¥
		Enter Florida stree	address , Florida		PH 3	
		City	, FIOFIGA	□ Zip C	<del></del>	<u> </u>

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 Type of Action <u>Title</u> <u>Name</u> **Address** N/A □ Add \_□ Remove □ Add □ Remove ☐ Add ☐ Remove □ Add ☐ Remove SSI Add  $\subseteq$ □ Add \_□ Remove

	ding any other information, enter c HERE WAS AN ERROR ON T	hange(s) here: (Aitach additional sheets, if necessary.) HE INITIAL REGISTRATION.
T	HE REGISTERED AGENT SH	OULD STATE JR NOT SR. PLEASE MAKE
T	HE APPROPRIATE CORRECT	FIONS.
	e date, if other than the date of filing tive date must be specific, cannot be prior to dath this document is filed by the Florida Department	ate of receipt or filed date and cannot be more than 90 days after
Dated _	lanuary 23rd	, 2015
	Signature of a	member or authorized representative of a member
	AGUSTIN A. AGUERA, JR	
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 25 PM 3: 01