# 114000020038

(Re	equestor's Name)	
(Ad	ldress)	-
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

Division of Corporations
9
SUBJECT: THEEMPORIUMSUITE, 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:
Camilo Alejandro Riviere Name of Person
THEEMPORIUMSUITE LLC Firm/Company
16773 SW 90 St Address
Miami, FL, 33196 City/State and Zip Code
Purchase Pop a gmail. com  E-mail address: (to be used for a ture annual report notification)
For further information concerning this matter, please call:
Comilo Riviere at (786) 444-0280  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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**

	TICLES OF AMENDMENT TO ICLES OF ORGANIZATION OF  CALL Company as it now appears on our records. (A Florida Limited Liability Company)
ARTI	OF ORGANIZATION
THE EMPC (Name of the Limite	OBJUMSUITE LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 15 /119 and assigned
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of Purchase Popular The new name must be distinguishable and contain the wo	
Enter new principal offices address, if applica Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	16773 SW 90 St
Mailing address MAY BE A POST OFFICE E	Miami, FL 33196
3. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	Camila Riviere
New Registered Office Address:	16773 SW 90 Sł Enter Florida street address
	Miami Florida 33196

## 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott Ward	1807 Cortez St.	Add
		Miami, FL, 33134	Remove
		•	Change
MGR Roberto Hernand	Roberto Hernandez	2201 Brickell Ave.	<b>[]</b> Add
		Apt. 94	
		Miami, FL, 33129	Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change

	·
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	May 19 , 2015.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00