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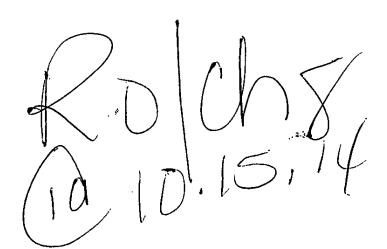
(Requestor's Name)					
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COVER LETTER

TO: Registration Section Division of Corporations	· •
SUBJECT:	POTREROS LLC =
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
FANNY SUAREZ Name of Person	
Name of Person	
POTREZOS LU	2
Firm/Company	
15673 sw 52Ct	
Address	
Miramar FL 33027	
City/State and Zip Code	
losrincon 1@ hotmail.co	om
E-mail address: (to be used for future a	nnual report nouncation)
For further information concerning this matter	er, please call:
German Rincon M	at (954) 5897461
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
2 \$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. Name of the limited liability company:	Pott	2E/20	SUC	.e - E	
2. (a) 50715W 161AV MITOMORT FL, 330;	27 (b)	, 156	73 Sw 52 CH N	Hamor #13	
Principal office address of limited liability company:	(O)	/ 	Mailing address of limited li	ability company:	
(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST C	OFFICE BOX)	
03/20/2014		L	4000046476	}	
3. Date of filing/registration in Florida	4.		Document number		
5. (a)					
Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of St	ate:		
Sugrez tanny					
Registered Office Address <u>(MUST BE FLORIDA STREET</u>	(ADDRESS)	!			
15653 Sw 52 Ct		<u></u>			
Miramor, F	ı <u>330</u>	7-56			
(b)	d Office add	lrees.			
		- TANK		83	
Sucrez Fanny				5 滨	
NEW Registered Office Address:				3 90	
15673 SW 52 CH				19 19 19 19 19 19 19 19 19 19 19 19 19 1	
Miromor ,F	_{r.} 330	27		ਹੌਂ ਡ ੰ	
If the limited liability company is not organized under the latthe change or changes are made, the Florida street address of	aws of the	State of F	Torida, it is hereby confi	rmed that after	
agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members	liability con	mpany, it	is hereby confirmed that	t the change(s)	
the articles of organization of the operating agreement of the	e limited li	ability co	mpany.	wise provided in	
Januay History way		Fa	nny M Suare:	2	
Signature of a member or authorized representative of a member			Printed or typed name of	•	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, in the registered office address, in the registered of th	ree to act e performa	in this ca ince of m	pacity. I further agree to y duties, and I am familia	o comply with the ar with and accept	
to merely reflect a change in the registered affice address, I notified in writing of this change.	hereby co	ngpter of	it the limited liability con	nent is being filea npany has been	
Mynufuar such				,	
Signature of Registered Agent			•		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18 (2/14)