L14000081809

(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



900262283889

07/23/14--01013--013 **25.00

3ECRETARY OF STATES ALL AHASSEE, FLORIDA

Spin

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Venepana Import Lie Name of Umited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cesar Logreira Native d'Person
Venepana Import. La
1304 SW 160 Ave 300
Address Weston Ft. 33326 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CeScer Logreira at (305) 244,4449 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 & Certificate of Status 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

Venepana -	Import LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it/now appears on our recor liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL14000081809	were filed on MAY 20	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	,
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SE N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	TO TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTA
Craiming dualess MAT BLATOST OFFICE BOAY		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street addr	288
	. F	lorida
	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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Leandro Lievano 1304 Sw 160 Ave Apt 300 Add weston FL 33326 _ Add □ Remove □ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove

_	
_	
Effective	date, if other than the date of filing:
	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after its document is filed by the Florida Department of State)
the date th	
the date th	tis document is filed by the Florida Department of State)
the date th	tis document is filed by the Florida Department of State)
the date th	us document is filed by the Florida Department of State) 2014

Page 3 of 3

Filing Fee: \$25.00

3ECRETARY OF STAIL