

L14000152265

Florida Department of State
Division of Corporations
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H140002363443ABC

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From: Account Name : CLARA GIRALDO, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORPORACION ADUANAL SAMGER C.A, L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -8 PM 2:25

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

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Help

H140002363443
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CORPORACION ADUANAL SAUER C.A. LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/29/14 and assigned
Florida document number L14000152265

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2748 NW 112th AVE
DORAL, FL. 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2748 NW 112th AVE
DORAL, FL. 33172

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAMUEL D. CASTRO PEREZ

New Registered Office Address:

2748 NW 112th AVE

Enter Florida street address

DORAL

City

Florida

33172

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

H/4 000 236 3443.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>RESTREPO, CARLOS</u>	<u>11505 NW 88th CT</u>	☐ Add
		<u>HALEAH FL 33018</u>	☒ Remove
<u>MGR</u>	<u>CASTRO PEREZ, SANUEL D</u>	<u>11505 NW 88th CT</u>	☐ Add
		<u>HALEAH FL 33018</u>	☐ Remove
<u>MGR</u>	<u>PADRINO, MIGUEL A</u>	<u>2748 NW 88th CT</u>	☒ Add
		<u>DORAL, FL 33172</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

H14 000 236 3443.

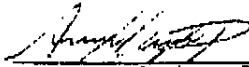
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).

CHANGE ADDRESS: MIGUEL CASTRO PEREZ, SAMUEL D.
2748 NW 88th Ct
DORAL, FL 33170.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 8, 2014.



Signature of a member or authorized representative of a member

SAMUEL D. CASTRO PEREZ.

Typed or printed name of signee