## L14000156088

(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:





200414725212

08/28/23--01040--019 \*\*75.00



A. PARISHANI SEP 1 6 2023

## **COVER LETTER**

	istration Sec ision of Corp		.v.	•	
SHDIECT.	STINFIL E	NTERPRISES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
					2023
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		<u> </u>
Please return	all correspon	ndence concerning this matter	to the following:		- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 3
		Gustave Stinfil			AH 9
			Name of Limited Liability Company  and fee(s) are submitted for filing.  Thing this matter to the following:  Stinfil  Name of Person  ENTERPRISES LLC  Firm/Company  21 Street (Concourse H5)  Address  L 33122  City/State and Zip Code  ertspa.com  E-mail address: (to be used for future annual report notification)  smatter, please call:  18	- 2	
	Name of Limited Liability Company  sclosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Gustave Stinfil  Name of Person  STINFIL ENTERPRISES LLC  Firm/Company  4200 NW 21 Street (Concourse H5)  Address  Miami, FL 33122  City/State and Zip Code info@drobertspa.com  E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:  ve Stinfil  Name of Person  3786  Area Code  Daytime Telephone Number  seed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Street Address:	<del></del>			
		-			
Gustave Stinfil  STINFIL ENTERPRISE  4200 NW 21 Street (Co  Miami, FL 33122  info@drobertspa.com  E-mail address  Gustave Stinfil  Name of Person  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} \Bigsigmathsquare \text{S30.00 Filing Fee} \text{\text{\$\sqrt{\chi}}} \text{\$\sqrt{\chi}\$} \text{\$\sqrt{\chi}\$	ourse H5)				
		Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  Gustave Stinfil  Name of Person  STINFIL ENTERPRISES LLC  Firm/Company  4200 NW 21 Street (Concourse H5)  Address  Miami, FL 33122  City/State and Zip Code  info@drobertspa.com  E-mail address: (to be used for future annual report notification)  sation concerning this matter, please call:  786  Area Code  Daytime Telephone Number  ck for the following amount:  Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status  Certified Copy  (additional copy is enclosed)  Address:  Street Address:	-		
		Miami, FL 33122			
		<u> </u>	City/State and Zip Code		-
		•			
		E-mail address: (	to be used for future annual report noti	itication)	
For further in	iformation co	oncerning this matter, please co	all:		
Gustave Stin	ที่ไ				
	Name of	Person		e Telephone Numbe	r
Enclosed is a	check for th	e following amount:			
		□ \$30.00 Filing Fee &	Certified Copy	Certifica Certified	ate of Status &   d Copy
Reg	gistration S	Section	Registration Se		
	usion of Co D. Box 632	orporations 7	Division of Cor The Centre of T		
	lahassee. F		2415 N. Monro		210

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## STINFIL ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)

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 contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent.	(A Florida Lir	mited Liability Company)	
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  Enter Florida Zip Code	The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code	Florida document number L14000156088		202
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code	This amendment is submitted to amend the following:		3 ÅUS
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address	A. If amending name, enter the new name of the limited	l liability company here:	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida			E ST
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Lity Zip Code	The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	· ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:	Enter new principal offices address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registagent and/or the new registered office address here:    Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRES	<u></u>	
New Registered Office Address:  Enter Florida street address	(Mailing address MAY BE A POST OFFICE BOX)	ffice address on our records, <u>enter th</u>	ne name of the new registe
Enter Florida street address , Florida  City Zip Code	Name of New Registered Agent:		
, Florida	New Registered Office Address:		
City Zip Code		Enter Florida street address	
	<del></del>		
		•	Zip Code

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>	<u>Address</u>	Type of Action
MGR	CARRIE CONCESSIONS INC	3627 South Douglas Road	🗆 Add
		Miami, FL 33133	■ Remove
			□Change
MGR	MSI FOODS AND SERVICES IN	12612 NW 18 COURT	🗆 Add
		PEMBROKE PINES, FL 33028	■ Remove
			□Change
MGR ———	M.I.A.C CORPORATION	19420 NW 3 COURT	□Add
		PEMBROKE PINES, FL 33029	■Remove
		<del></del>	□Change
	<del></del>		Add  023 Aemove
			Remove:
		<u> </u>	- ·
<del></del>			<u>ISP</u> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	<u>.                                    </u>										
_				_			<u></u>				
_									_		
_		<u> </u>	<del></del>		·						
_					_	<del>.</del>				2023	
_									<u>.:</u>	3 AU	17
_		_			_		_		· · ·	28	÷
_				_					. `	H	•
										): 21	
_				_						,	
_											
	-										
<u> </u>						<del></del>					
_	<del></del>						<u> </u>		<u> </u>		
	<u>-</u>										
_			_								
_	<u> </u>										
<u>Note:</u>	ve date, if other t ective date is listed, the If the date inserted ent's effective date	in this block	does not n	neet the ap	plicable sta	f filing or mo tutory filing	re than 90 c requirem	_ (option lays after f ents, this	<b>nal)</b> iling.) Pur date will	suant to 605. not be liste	0207 (3 d as the
If the record record is file	d specifies a delayed ed.	l effective da	te, but not	an effectiv	ve time, at	2:01 a.m. o	n the earli	er of: (b)	The 90	th day after	the
Dated_	Aug 22, 202	3									
				tinfil 2023 16:37 EDTI							

ETT E COMO