# L14000 181832

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cir	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Sign		





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2016 SEP 22 PH 3: 05
PLURETARY OF STATE
ALL AHASSEE FROM:

K. SALY SEP 2 3 2016



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2016

MEDINA LEGAL SUPPORT MARIA ELENA SEMIDEY 8300 NW 53RD ST, STE. 101 DORAL, FL 33166

SUBJECT: CRYSTAL SUPPLY INTERNATIONAL LLC

Ref. Number: L14000181832

We have received your document for CRYSTAL SUPPLY INTERNATIONAL and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00018132

# **COVER LETTER**

SUBJECT:	CRYST	TAL SUPPLY INTERNATIO	NAL LLC			
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed A	articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return al	l correspond	dence concerning this matter t	o the following:			
		MAR	IIA ELENA SEMIDEY			
			Name of Person			
MEDINA LEGAL SUPPORT						
Firm/Company						
		8300 NW 53rd ST SUITE 101				
	Address					
		1	OORAL FL. 33166			
			City/State and Zip Code			
			AINVESTMENTS@GMAIL.COM			
		E-mail address: (t	o be used for future annual report notific	cation)		
For further info	ormation cor	cerning this matter, please ca	II:			
MARIA ELEN	IA SEMIDE	ΣΥ	786 2003303			
	Name of I	Person		Telephone Number		
Enclosed is a c	heck for the	following amount:				
□ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

AR'	<b>FICLES OF O</b> I	RGANIZATION	
	OF	•	2016 SEP 22 PM 3: 05
			2016 SEP 22
	YSTAL SUPPLY INT		~ PH 3.
(Name of the Lin	<u>ited Liability Company</u> (A Florida Limited Lia	y as it now appears on our ibility Company)	r records.) ALLAHARRY OF
			ν.ε. εγυίλης.
The Articles of Organization for this Limited	Liability Company w	ere filed on 11/24/201	and assigned
Florida document number L14000181832			
•			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
Forten and the local section of the local section o	<b>.</b>	N/A	
Enter new principal offices address, if appl			
(Principal office address MUST BE A STRE	<u>SET ADDRESS)</u>		
·			
Enter new mailing address, if applicable:	•	N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
	<del></del>		
	•		
B. If amending the registered agent and	d/or registered offi	ce address on our	records, enter the name of the nev
registered agent and/or the new registered	_		
•			•
Name of New Registered Agent:	MARIA ELENA	SEMIDEY	
-	8300 NW 53rd S	T SHITE 101	
New Registered Office Address:	0300 IN W 33IU 3	Enter Florida stree	et address
	DORAL		22166
	DORAL	City	, Florida 33100 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 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	ESCALONA, SANDRO	755 NW 72nd AVE PLAZA 33-34	<b>B</b> Add
		MIAMI, FL 33126	□ Remove
·		<u> </u>	☐ Change
MGR	MARCOCCIA, GABRIELE	755 NW 72nd AVE PLAZA 33-34	<b>3</b> Add
		MIAMI, FL. 33126	Remove
			□ Change
MGR	ZAMBRANO, THANYA	755 NW 72nd AVE PLAZA 33-34	D Add
	. *	MIAMI, FL. 33126	
			Change
<del></del>			□ Add
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ctive date, if other than the c	08/18/2016	5	(option	al)
effective date is listed, the date must	be specific and cannot be prio		than 90 days after fil	ing.) Pursuant to 605.0207
If the date inserted in this bloc ment's effective date on the Dep			equirements, this d	ate will not be listed as
•				
ecord specifies a delayed	effective date, but no	ot an effective tim	e. at 12:01 a.r	n, on the earlier of
e 90th day after the reco			o, at 12.01 a	
		~		
d AUGUST, 18	2016	. ( )		
	, <u> </u>			
	,			
S	ignature of a member or auth	orized representative of	n member	

Page 3 of 3

Filing Fee: \$25.00