

L14000181832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

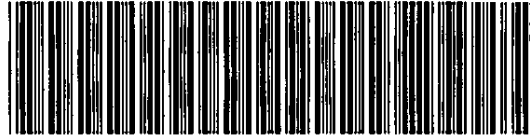
(Document Number)

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FILED
2016 SEP 22 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 23 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

2016 SEP 21 PM 2:36
TALLAHASSEE, FLORIDA

We have received your document for CRYSTAL SUPPLY INTERNATIONAL LLC 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CRYSTAL SUPPLY INTERNATIONAL 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 11/24/2014 and assigned

Florida document number L14000181832

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

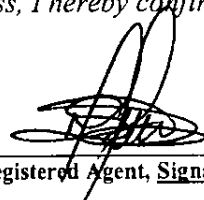
Name of New Registered Agent: MARIA ELENA SEMIDEY

New Registered Office Address: 8300 NW 53rd ST SUITE 101
Enter Florida street address

DORAL, Florida 33166
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 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>	<u>Type of Action</u>
MGR	ESCALONA, SANDRO	755 NW 72nd AVE PLAZA 33-34	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOCCIA, GABRIELE	755 NW 72nd AVE PLAZA 33-34	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZAMBRANO, THANYA	755 NW 72nd AVE PLAZA 33-34	<input type="checkbox"/> Add
		MIAMI, FL. 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 08/18/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST, 18 2016

Signature of a member or authorized representative of a member

SANDRO ESCALONA

Typed or printed name of signee