

L15000075910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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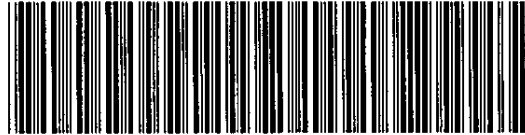
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 31 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GRUPO BIENES AMERICA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTA L. OTALORA

Name of Person

MO ACCOUNTING SERVICES CORP

Firm/Company

7751 WEST 28 AVENUE, SUITE # 4

Address

MIAMI, FL 33016

City/State and Zip Code

info@moaccountingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN BORRERO

Name of Person

at **786 303-6066**

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 &
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



RECEIVED

15 JUL 28 PM 3: 23

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

July 15, 2015

MARTA L OTALORA
7751 WEST 28 AVE SUITE 4
MIAMI, FL 33016

SUBJECT: GRUPO BIENES AMERICA LLC
Ref. Number: L15000075910

We have received your document for GRUPO BIENES AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00014824

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO BIENES AMERICA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/29/2015 and assigned Florida document number L15000075910.

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 end with 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:

ALMA ABREU

New Registered Office Address:

11098 BISCAYNE BLVD 401-23

Enter Florida street address

MIAMI

, Florida

33161

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.

DocuSigned by:



If Changing Registered Agent, Signature of New Registered Agent

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>
	N/A		☐ Add
			☐ Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
DocuSign Envelope ID: 03AD4904-5AF4-42B9-8C4E-9DAC2E77AEF2

N/A

E. Effective date, if other than the date of filing: 08/01/2015 (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 07/22/2015

DocuSigned by:

Juan Borrero

Signature of a member or authorized representative of a member

JUAN B. BORRERO (MGR)

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA