

L15000081462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 10 PM 12:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARMIENTO CONSTRUCTIONS 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:

JUAN CARLOS SARMIENTO QUIALA
Name of Person

SARMIENTO CONSTRUCTIONS LLC
Firm/Company

3109 GRAND AVE # 484
Address

COCONUT GROVE, FL 33133
City/State and Zip Code

~~JUANCA374800~~

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

JUANCA3748@YAHOO.COM

For further information concerning this matter, please call:

JUAN CARLOS SARMIENTO at (786) 506-6582
Name of Person 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)

PAYABLE TO "FLORIDA DEPT OF STATE"

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

SAA MIENTO CONSTRUCTIONS 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 05/07/15 and assigned Florida document number L15000081462

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

City

, Florida

Zip Code

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	JUAN CARLOS	3050 SW 5TH ST	<input checked="" type="checkbox"/> Add
	SARMENTO QUIALA	MIAMI, FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALLIANCE FLORIDA

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

Blank lined area for amendments, crossed out with a diagonal line.

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15 AUG 10 PM 12:19
CLERK OF DISTRICT COURT
ALABAMA

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

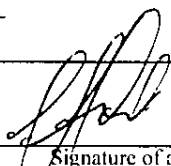
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

08/01/15



Signature of a member or authorized representative of a member

Juan Carlos Sarmiento Quiala

Typed or printed name of signee