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ALLAHASSEE, FLORIDA

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OUD IE		The Minisuper	,ĻLC					
SUBJEC	UI: _		Name of Limi	ted Liability Company				
The encl	osed A	Articles of Am	endment and fee(s) are subr	nitted for filing.				
Please re	eturn a	ll corresponde	nce concerning this matter t	o the following:				
			Jose L. González Reimundi					
				Name of Person				
			The Minisuper, LLC					
				Firm/Company				
			2921 S US Hwy 1					
				Address				
			Fort Pierce, FL 34982					
				City/State and Zip Code				
		1	heminisuper@gmail.com					
		-	E-mail address: (t	be used for future annual re	port notification)			
For furth	ner inf	ormation conc	erning this matter, please ca	n:				
Jose L.	Gonza	lez Reimundi		407 520-	·1142	SE!	2815	٠.
		Name of Pe	rson .	Area Code	Daytime Telephone N	IIIII NETAR	0CT 30	
Enclosed	d is a c	check for the f	ollowing amount:			1339 14 04 14 04	O U	
\$25 .	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Ce	.00 Filing rtificate of	Status &	

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

The Minisuper, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our renited Liability Company)	ecords.)
e Articles of Organization for this Limited Liability Comporida document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
e new name must be distinguishable and contain the words "Limited l	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
nton nove mailing address if applicables		
nter new mailing address, if applicable: **Idailing address MAY BE A POST OFFICE BOX**)		
mang manress mar be a rost office box		
If amending the registered agent and/or registere gistered agent and/or the new registered office address		cords, enter the name of the
		7A.S
Name of New Registered Agent:		2015 SEC
Name of New Registered Agent:		<u> </u>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	<u> </u>
	Enter Florida street a City	ARE TARE OCT 30

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jose L. Gonzalez Reimundi	395 SW Sandy Way	■ Add
		Port St Lucie, Fl 34986	
			Remove
			Change
			Add
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ective date, if other than the date of effective date is listed, the date must be specified in the date of the dat	of ruing:	or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this block doe ument's effective date on the Departme	es not meet the applicable statutory frent of State's records.	iling requirements, this date will not be liste
		e time, at 12:01 a.m. on the earlie
he 90th day after the record is	Tilea.	
October 26 ed	2015	
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	on 6mg	45.51 - 6 53.51
Signatu	ire of a member or authorized representa-	tive of a member

Page 3 of 3

Filing Fee: \$25.00