L15000110623

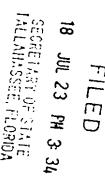
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COVER LETTER

	egistration Se ivision of Cor			
.visb incer	MEDITER	RANEAN SS LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub- indence concerning this matter		
		CAROLINA SERRANO		
			Name of Person	
		MEDITERRANEAN SS I	LC	
			Firm/Company	
		1200 NW 78TH AVE. UN	NIT 214	
			Address	
		DORAL FL 33126		
			City/State and Zip Code	
		sales@mediterraneanss.c	com to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please ca		,
Carolina S	Sarrano		786 001 0724	
	Name o	ſ Person	at () Area Code Daytime '	Telephone Number
Enclosed is	s a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDITERRANEAN SS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000110623</u> This amendment is submitted to amend the following:	were filed on July 17th, 2018	and assigned
A. If amending name, enter the new name of the limited liah	vility company here:	
The state of the s		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:	1200 NW 78TH AVE. UNIT 214	SEC
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33126	EE T
		SS E
Enter new mailing address, if applicable:	1200 NW 78TH AVE. UNIT 214	P. Filo
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33126	χ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the nev
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
<u></u>	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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>	Address	Type of Action
MGR	CAROLINA SERRANO	1200 NW 78TH AVE UNIT 214	= Add
		DORAL FL 33126	Remove
			Change
AMBR	ALEJANDRO SANCHEZ	1200 NW 78TH AVE UNIT 214	
		DORAL FL 33126	□ Remove
			
			□ Remove
			Change
			FILED RETURN OF THE SEED FOR
			3 Remore
			🗖 Add
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			Add
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ffective date, if other than th	e date of filing:	(optional) more than 90 days after filing.) Pursuant to 605,020
lote: If the date inserted in this	block does not meet the applicable statutory fi	more than 90 days after filing.) Pursuant to 605,020 ling requirements, this date will not be listed a
ocument's effective date on the	Department of State's records.	
e record specifies a delaye The 90th day after the re		e time, at 12:01 a.m. on the earlier o
The soul day after the re	icora is mea.	
ated	2018	
A A	aàlla a a	
	TW XI W	
	Signature of a member or authorized representat	ive of a member
Carolina Serrano		
•	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00