

215000163585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600301653146

07/26/17--01015--026 **25.00

FILED
2017 AUG 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 18 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A N M BLOOMINGDALE LATIN MARKET 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:

JULISSA ROSADO

Name of Person

DCM SERVICES CENTER INC

Firm/Company

2529 W BUSCH BLVD SUITE 1000

Address

TAMPA, FLORIDA 33618

City/State and Zip Code

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

For further information concerning this matter, please call:

MANUEL ALTUVE

Name of Person

at (813)

Area Code

363-8795

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017

JULISSA ROSADO
DCM SERVICES CENTER INC
2529 W BUSCH BLVD SUITE 1000
TAMPA, FL 33618

SUBJECT: A AND M BLOOMINGDALE LATIN MARKET LLC
Ref. Number: L15000163585

We have received your document for A AND M BLOOMINGDALE LATIN MARKET 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):

Please indicate type of action for Manuel Altuve.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00015403

RECEIVED
2017 AUG 17 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 AUG 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A N M BLOOMINGDALE LATIN MARKET 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 SEPT 18 2015 and assigned
Florida document number L15000163585.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
AUG 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
AMBR	MANUEL ALTUVE	1814 CHAPEL TREE DRIVE #J	☒ Add
		BRANDON FL 33511	☐ Remove
			☐ Change
AMBR	ANABEL ALTUVE	1814 CHAPEL TREE DRIVE #J	☒ Add
		BRANDON FL 33511	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 AUG 7 PM 4:07
Add
Remove
Change
Add

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

[illegible]

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 JULY 7, 2017

Manuel Altuve
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MANUEL ALTUVE

Typed or printed name of signee

FILED
2007 AUG 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA