

L15 000 213 863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

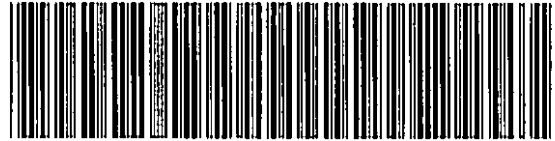
(Business Entity Name)

(Document Number)

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08/05/20--01012--017 **25.00

2020 APR 27 PM 5:23

FILED

Amend/Name
ch 8

APR 28 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glennmar Supply, 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:

Rafael Rios

Name of Person

Grupo Mosca, LLC

Firm/Company

PO BOX 961533

Address

MIAMI, FL 33296

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 27 PM 12:17

March 26, 2020

RAFAEL RIOS
P.O. BOX 961533
MIAMI, FL 33296

SUBJECT: GLENNMAR SUPPLY, LLC
Ref. Number: L15000213863

We have received your document for GLENNMAR SUPPLY, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00006659

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

Glennmar Supply, LLC

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

FILED
2020 JUN 27 PM 5:23

The Articles of Organization for this Limited Liability Company were filed on 12/29/2015 and assigned
Florida document number L15000213863

This amendment is submitted to amend the following:

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

Grupo Mosca, LLC

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)

14936 SW 104 ST UNIT 23
MIAMI FL 33196

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 961533

Miami, FL 33296

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:

Alejandro Hoyos, Esq.

New Registered Office Address:

3162 Commodore 3E

Enter Florida street address

Coconut Grove

Florida 33133

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>
MGR	MATOS, ROBERT		<input type="checkbox"/> Add
		6265 118 AVE N LARGO, FL 33773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETAGNA, STEPHEN		<input type="checkbox"/> Add
		6265 118 AVE N LARGO, FL 33773	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Florida Strategic Investment Fund, LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		PO BOX 961533 MIAMI, FL 33296	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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 is inserted in this block, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.

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.

8 _____, 2020

 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00