

L1600002141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

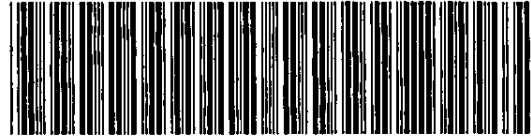
(Document Number)

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2016 MAR -4 P 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 07 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2016

GUILLERMO VERA
718 SW 88TH TERR
PLANTATION, FL 33324

SUBJECT: CELINOVA, LLC
Ref. Number: L16000012141

We have received your document for CELINOVA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 016A00002554

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CELINOVA 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:

GUILLERMO VERA

Name of Person

CELINOVA LLC

Firm/Company

718 SW 88TH TER

Address

PLANTATION, FL 33324

City/State and Zip Code

ALE.ROJAS@CELINOVA.COM

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

For further information concerning this matter, please call:

GUILLERMO VERA

954 305-7575
at (_____) _____

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)

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**

CELINOVA 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 01/19/2016 and assigned
Florida document number L16000012141.

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)

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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:

GUILLERMO VERA

New Registered Office Address:

2719 HOLLYWOOD BLVD STE A-592

Enter Florida street address

HOLLYWOOD

City

Florida 33020

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	CELIS, MARIA C	2719 HOLLYWOOD BLVD	<input type="checkbox"/> Add
		STE A-592	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Change
AMBR	VERA, GUILLERMO	2719 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		STE A-592	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

☒ Add
☒ Remove
☐ Change

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

ADD EIN NUMBER 81-1184899

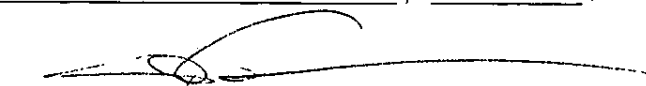
E. Effective date, if other than the date of filing: _____ (optional)

(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 FEBRUARY 3RD, 2016



Signature of a member or authorized representative of a member

GUILLERMO VERA

Typed or printed name of signee

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TALLAHASSEE FLORIDA