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K.SALY EXAMINES MAK - 9

COVER LETTER

TO: Registration Section Division of Corporation Subject: MR. S	LUSHIE LLC	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	ALEJANDRA	AHUMADA	
	INITELOACI	Name of Person	
	INTELCA SU	JPPLY USA LLC	,
		rim/Company	
		Address	
	TAMPA, FL		
		City/State and Zip Code	
•	andres@sbsbpo.c	com be used for future annual report notific	ation)
For further information cond	cerning this matter, please cal		unon,
Andres Hurta	-	at (305) 423-89)32
Name of Pe	erson	Area Code Daytime	Felephone Number
Enclosed is a check for the f	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

2016 HAR-7 AMII: 38
WALLAHASSIE. FLORID

MR. SLUSHIE LLC

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

y were filed on and assigned
bility company here:
ability Company," the designation "LLC" or the abbreviation "L.L.C."
231 Douglas Road East, Unit 5
Oldsmar, FL 34677.
231 Douglas Road East, Unit 5
Oldsmar, FL 34677
office address on our records, enter the name of the ne
Enter Florida street address
Emer Piorida Street address
, Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES F. PEREZ	231 Douglas Road East, Uni	t 5 □ Add
		Oldsmar, FL 34677	Remove
MGR	LUZ A. NEGRETE	231 Douglas Road East, Unit	
		Oldsmar, FL 34677	□ Remove
			Remove T L T L T L ASSET L DR Add
			☐ Remove
			Remove
			Add
			Remove

amending any other information, enter cha	ange (b) not or (Annuori diduniorida arcons, i) riccossur)
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
ed February 18	2016
Notes de A	
HUMIVARAH	
HWUIWICH Signature of a mo	ember or authorized representative of a member
HWAIWIAH Signature of a mo ALEJANDRA AHUMA	ember or authorized representative of a member

2016 MAR = 7 AM 11: 39

Page 3 of 3