

L160000 43589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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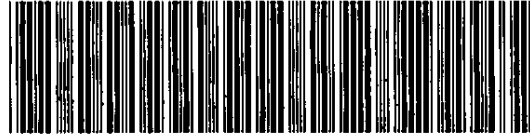
(Business Entity Name)

(Document Number)

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16 MAY 17 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANOS FUERTE 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:

ALFREDO CABRAL
Name of Person
CABRAL ACCOUNTANTS & ASSOCIATES
Firm/Company
31 SE 5TH STREET, STE 312
Address
MIAMI, FL 33131
City/State and Zip Code
AC.CPA@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO CABRAL 305 926-5724
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MANOS FUERTE 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 03/03/2016 and assigned
Florida document number L16000043589.

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)

31 SE 5TH STREET

SUITE 312

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31 SE 5TH STREET

SUITE 312

MIAMI, FL 33131

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:

ALFREDO CABRAL

New Registered Office Address:

31 SE 5TH STREET, SUITE 312

Enter Florida street address

MIAMI


City

Florida 33131

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 | RICHARD S. LUNG FUNG | 31 SE 5TH STREET | <input type="checkbox"/> Add |
| | | SUITE 312 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Change |
| MGR | MARIO DIAZ | 275 NE 18 STREET | <input type="checkbox"/> Add |
| | | SUITE CU2A | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33132 | <input type="checkbox"/> Change |
| MGR | MARIO E. DIAZ SEVILLA | 31 SE 5TH STREET | <input checked="" type="checkbox"/> Add |
| | | SUITE 312 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Change |
| MGR | JULIO COLON | 275 NE 18 STREET | <input type="checkbox"/> Add |
| | | SUITE CU2A | <input checked="" type="checkbox"/> Remove |
| | | MIAMI, FL 33132 | <input type="checkbox"/> Change |
| MGR | JULIO L. COLON | 31 SE 5TH STREET | <input checked="" type="checkbox"/> Add |
| | | SUITE 312 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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TALLAHASSEE, FLORIDA

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

N/A

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 APRIL 28 2016

Signature of a member or authorized representative of a member

MARIO E. DIAZ SEVILLA

Typed or printed name of signee

16 MAY 17 , PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA