

L16000045509

(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



200290617592

09/27/16--01009--016 \*\*25.00

2016 SEP 26 AM 11:02  
FILING OFFICE  
TALLAHASSEE, FL 32301

2016 SEP 26 PM 4:05  
FILING OFFICE  
TALLAHASSEE, FL 32301

SEP 28 2016

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MENENDEZ WORLD 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:

ROSANNE RUTNIK

\_\_\_\_\_  
Name of Person

ROSANNE RUTNIK BOOKKEEPING & TAX SERVICES INC

\_\_\_\_\_  
Firm/Company

5616 SHANNON DR

\_\_\_\_\_  
Address

FORT PIERCE, FL 34951

\_\_\_\_\_  
City/State and Zip Code

ROSANNERUTNIK@AOL.COM

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

For further information concerning this matter, please call:

ROSANNE RUTNIK

772 332-6381  
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**

MENENDEZ WORLD 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 03/04/2016 and assigned  
Florida document number L16000045509.

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)**

1998 N US HIGHWAY 1

FORT PIERCE, FL 34946

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1998 N US HIGHWAY 1

FORT PIERCE, FL 34946

**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:

ROSANNE RUTNIK

New Registered Office Address:

5616 SHANNON DR

*Enter Florida street address*

FORT PIERCE

*City*

Florida

34951

*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	AIDA SARRASQUETA MENENI	CALLE PABLO SARASATE #16	<input type="checkbox"/> Add
		MARCILLA, NA 31340 SP	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO SARRASQUETA MENENI	951 NW FRESCO WAY APT 101	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


16 SEP 20 PM 4:06  
 RECEIVED  
 16 SEP 20 PM 4:06  
 RECEIVED

16 SEP 26 PM 4:06  
FBI - NEW YORK

16 SEP 26 PM 4:06  
FBI - NEW YORK

(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.

Dated 9-23, 2016

  
Signature of a member or authorized representative of a member

Typed or printed name of signee