

L160000 83975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

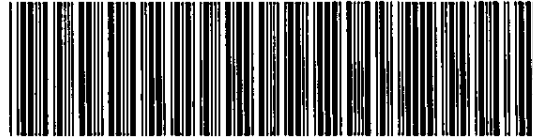
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG -1 PM 3:43
TALLAHASSEE, FLORIDA
DEPT. OF STATE

AUG 02 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

ARCOSAN AMERICA LLC

SUBJECT: _____
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:

YOANA COLMENARES

Name of Person

ARCOSAN AMERICA LLC

Firm/Company

571 SW 141 AVENUE, #409 N

Address

PEMBROKE PINES, FL 33027

City/State and Zip Code

ARCOSANAMERICA@GMAIL.COM

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

For further information concerning this matter, please call:

SAUL SILVA

754 465-1543

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

**TO
ARTICLES OF ORGANIZATION
OF**

ARCOSAN AMERICA 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 04/28/2016 and assigned
Florida document number L16000083975.

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)

1717 EAST BUSCH BLVD

UNIT 1101

TAMPA, FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

571 SW 141 AVE

#409 N

PEMBROKE PINES, FL 33027

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:

New Registered Office Address:

Enter Florida street address

City, Florida

City

FILED
16 AUG - 1 PM 3:48
CLERK OF CIRCUIT COURT
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

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	SILVA, SAUL O	571 SW 141 AVE	<input type="checkbox"/> Add
		#409 N	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change
MGR	ARCOSAN VALENCIA, C.A.	CALLE JONI MANONGO	<input checked="" type="checkbox"/> Add
		No. 164-183	<input type="checkbox"/> Remove
		LA NAGUANAGUA, CARABOBO, Venezuela	<input type="checkbox"/> Change
MGR	VILLARROEL, JOSE	1717 EAST BUSCH BLVD	<input checked="" type="checkbox"/> Add
		UNIT 1101	<input type="checkbox"/> Remove
		TAMPA, FL 33612	<input type="checkbox"/> Change
MGR	COLMENARES, YOANA	1717 EAST BUSCH BLVD	<input checked="" type="checkbox"/> Add
		UNIT 1101	<input type="checkbox"/> Remove
		TAMPA, FL 33612	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 AUG 1998
PM 4:48
OFFICE OF THE
CLERK OF THE
CITY OF TAMPA
FLORIDA

16 AUG - PM 3:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA


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 July 25, 2016.


Signature of a member or authorized representative of a member

Christopher Coxillo
Typed or printed name of signee