

L16000101621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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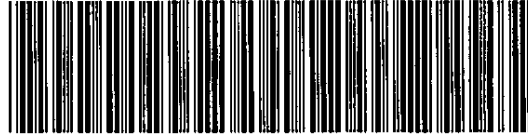
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:00

JUL 25 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN FASTENERS POMPANO, 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:

JOSE LUIS OCHOA-SANDOVAL

Name of Person

AMERICAN FASTENERS POMPANO LLC

Firm/Company

8300 NW 53rd ST SUITE 101

Address

DORAL FL. 33166

City/State and Zip Code

LD.MEDINAINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE LUIS OCHOA-SANDOVAL

404

7472424

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:01

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

AMERICAN FASTENERS POMPANO 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 MAY 24, 2016 and assigned
Florida document number L16000101621.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

, Florida N/A

City

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	MANUEL BENITEZ	2400 COPANS ROAD	<input type="checkbox"/> Add
		POMPANO, FL. 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JOSE RIVAS	2400 COPANS ROAD	<input type="checkbox"/> Add
		POMPANO, FL. 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANUEL BENITEZ	2400 COPANS ROAD	<input checked="" type="checkbox"/> Add
		POMPANO, FL. 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE RIVAS	2400 COPANS ROAD	<input checked="" type="checkbox"/> Add
		POMPANO, FL. 33069	<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

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TALLAHASSEE, FLORIDA
16 JUL 20 3 03 PM '03

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

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:08

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 JUNE 30, 2016

Signature of a member or authorized representative of a member

JOSE RAMON PEREZ

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000101621
FILED 8:00 AM
May 24, 2016
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
AMERICAN FASTENERS POMPAÑO, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2400 COPANS ROAD
10
POMPAÑO, FL. US 33069

The mailing address of the Limited Liability Company is:
2400 COPANS ROAD
10
POMPAÑO, FL. US 33069

Article III

Other provisions, if any:

STRATEGIC PRODUCTS AND GUARANTEE SUPPLY REPLENISHMENT AND
EXCLUSIVELY USE THE AMERICAN FASTENERS BRAND OF LINES IN
SEVERAL AREAS: SCREWS AND ANCHORS; VARIOUS TOOLS,
PROFESSIONAL EQUIPMENT, SUPPLIES

Article IV

The name and Florida street address of the registered agent is:

JOSE L OCHOA-SANDOVAL
8300 NW 53 STREET
101
DORAL, FL. 33166

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSE L OCHOA-SANDOVAL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:03

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JOSE R PEREZ
2400 COPANS ROAD # 10
POMPAÑO, FL. 33069 US

Title: AMBR
MANUEL BENITEZ
2400 COPANS ROAD #10
POMPAÑO, FL. 33069 US

Title: AP
JOSE RIVAS
2400 COPANS ROAD # 10
POMPAÑO, FL. 33069 US

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FILED 8:00 AM
May 24, 2016
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

05/18/2016

Signature of member or an authorized representative

Electronic Signature: JOSE L OCHOA-SANDOVAL

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:03