L14000141271

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900313779499

05/29/18--01021--001 ++35.00



Machine Contraction

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	FASA	SIFER MU Name of Limi	FRKET LLC ited Liability Company	
The enclosed An	ticles of Amendme	ent and fee(s) are sub	mitted for filing.	
Please return all	correspondence co	ncerning this matter	to the following:	
		Luis E	DIAZ ESC. Name of Person	
	Lu	11CEDIAZ	& ASSUCIATES Firm/Company	p. A.
		1529 S.W	Address	
	1	MIAMI, FL	ORIDA 33(35) City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further infor	mation concerning	this matter, please ca	all:	
	UIS E. DI	42	at (365) 642 Area Code Daytim	- CC78
	Name of Person		Alca Code 17ayum	e retephone ivanioe.
Enclosed is a ch	eck for the followi	ng amount:		
□ \$25.00 Filin		.00 Filing Fee & ertificate 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:

TO:

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



June 1, 2018

LUIS E DIAZ LUIS E DIAZ & ASSOCIATES, PA 1529 SW 1ST ST MIAMI, FL 33135

SUBJECT: FASA SUPERMARKET LLC

Ref. Number: L16000141271

We have received your document for FASA SUPERMARKET LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00011406

RECTIVED

2018 JUN 21 AM 10: 16

A PARTICULAR OF THE SAME AND THE SAME

2016 JUN 21 KM 8: 01

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

FASA SUFER MARKET (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 7/29/16	and assigned
Florida document number L16000 1412 71		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
A. If amending name, enter the new name of the name of the name must be distinguishable and contain the words "Limited Liability	· · · · · · · · · · · · · · · · · · ·	wt L C "
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" of	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		20
		500 CONT.
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		11 IK
		e. œ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records. e:	, enter the name of the
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street addres.	s
	_, Flo	orida
		*** C 1.

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.

NIA	
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>	Address	Type of Action
MGR	ANDRES CIFUENTES	8261 S.W. 32ND TERR MIAMI, FURIDA 3315	ACC Add
		MIAMI, FWRIDA 3315	S □ Remove
			□ Change
			Add
			Remove
	·		Change
			Add
			Remove
			Change
			Remove
			Change
			Add ≥
			F □ R€move
			○ Change
			″ë □ AGB
			□ Remove
			Change

			<u></u> _
	· <u> </u>		
	<u> </u>		
	_		
<u> </u>			
			
Note: If the date in document's effect on the record specifies.	nserted in this block does no ive date on the Department of	e date, but not an effective time, at	iens, this date with not be noted
Dated	6/19	2018	
	The state of the s		₹ ~
	Signature of	of a member or authorized representative of a member	per
	,		3- 4 G
	PNDRES	Typed or printed name of signee	, , , , , , , , , , , , , , , , , , ,
		- 3 bog or krimes mans - 1 s.B	
		Page 3 of 3	<u> </u>

Filing Fee: \$25.00