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(((H16000266051 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LISETTE PIE SALAZAR PA

Account Number : I20120000076

Phone

: (305)361-6161

Fax Number

: (305)361-6168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROCUREMENT AND SUPPLIES SOUTH AMERICAN LLC

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H160002660513

COVER LETTER

	gistration Se vision of Cor					
SUBJEÇT:	PROCUREMENT AND SUPPLIES SOUTH AMERICAN LLC					
Name of Limited Liability Company						
		Amendment and fee(s) are sub				
Please return	all correspo	ndence concerning this matter	to the following:			
		LISETTE SALAZAR				
	1		Name of Person			
LISETTE SALAZAR, PA						
			Firm/Company			
200 CRANDON BLVD., SUITE 311						
			Address			
	KEY BISCAYNE, FL 33149					
		VI. 3 (1) - 1	City/State and Zip Code			
		lpsalazarlaw@201.com				
Ear firehar i	afa-matia- 4	E-mail address: (oncoming this matter, please o	to be used for future annual report of	noutication)		
		oncorning this maner, prease co				
LISETTE S.			305 361-6161 at ()			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclosed is a	a check for th	ne following amount:				
C] \$25.00 F	Filing Fca	☐ \$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/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

H160002660513





October 28, 2016

FLORIDA DEPARTMENT OF STATE

PROCUREMENT AND SUPPLIES SOUTH AMERICAN LLC

KEY BISCAYNE, FL 33149

SUBJECT: PROCUREMENT AND SUPPLIES SOUTH AMERICAN LLC

REF: L16000144321

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Electronically filed documents must be on letter size paper.

Faxed sideways.

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.

Karen A Saly Regulatory Specialist II FAX Aud. #: H16000266051 Letter Number: 016A00023182 H160002660513

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PROCUREMENT AND SUPPLIE						
(Name of the Lim	(A Florida Limited	iny as it now appears on our records Liability Company)	<u> </u>			
The Articles of Organization for this Limited Liability Company were filed on 08/02/2016					and assigned	
Florida document number L16000144321				•		
This amendment is submitted to amend the fol	lowing:		•			
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbrev	viation "L.L.C	· 11	
Enter new principal offices address, if applicable:		601 BRICKELL KEY DRIVE,	SUITE 769		_	
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI, FL 33131				
				क्र		
				8	:	
Enter new mailing address, if applicable:		601 BRICKELL KEY DRIVE,	SUITE 769	1/2)	11 -1	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33131				
				12,50 12,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,	12	
) i	: ==	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered o office address her	ffice address on our records, 'e:	, <u>enter the</u>	name of	the nev	
	200 CB 4 NDO	N DI VID. CI II TE 211		<u> </u>		
New Registered Office Address:	200 CRANDON BLVD., SUITE 311 Enter Florida street address					
	KEY BISCAY		rida <u>33149</u>			
		City		Zip Code		
Naw Pagistared Agent's Signature if changing	Dagietawad Ananes					

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

Page 1 of 3

Oct. 28. 2016 1:02PM

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>	Type of Action
MGR	PATRICIO PEZOA ARAYA	601 BRICKELL KEY DRIVE	
		SUITE 769	Remove
		MIAMI, FL 33131	□ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
		<u> </u>	□ Add
			□ Remove
			Change
			□ A∰
			CD CO
			Charige
			9. /6%
			□ Remove
			T Change

Filing Fee: \$25.00