

L16000150741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 DEC -5 AM 7:57

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

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COVER LETTER

•TO: Registration Section
Division of Corporations

SUBJECT: LYNX SUPPLIER 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:

Eduardo F. Rodriguez

Name of Person

EFR Law Firm

Firm/Company

1548 Brickell Avenue

Address

Miami, Florida 33129

City/State and Zip Code

eddie@efrlawfirm.com

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

For further information concerning this matter, please call:

Eduardo F. Rodriguez

305

978-9340

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**

LYNX SUPPLIER 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 8/11/2016 and assigned Florida document number L16000150741.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6939 NW 82 Avenue

Miami, Florida 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6939 NW 82 Avenue

Miami, Florida 33166

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:

Jose G. Azuaje

New Registered Office Address:

6939 NW 82 Avenue

Enter Florida street address

Miami

City

Florida 33166

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>
MGRM	Hernandez, Henry	3250 NW 107 Avenue Doral, Florida 33172	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Azuaje Valero, Jorge Ulises	6939 NW 82 Avenue Miami, Florida 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Azuaje Valero, Alimer Solange	6939 NW 82 Avenue Miami, Florida 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	Azuaje, Jose G.	6939 NW 82 Avenue Miami, Florida 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Garcia, Miguel Angel	3250 NW 107 Avenue Doral, Florida 33172	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Lopez, Luis	6939 NW 82 Avenue Miami, Florida 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

SECTION 17
DIVISION OF INVESTIGATION
18 DEC - 5 AM 7:57

18 DEC -5 AM 7:57

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.

(b) The 90th day after the record is filed.

Dated November 29, 2018

Signature of a member or authorized representative of a member

Jose G. Azuaje

Typed or printed name of signee