

L16000162679

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2016 SEP 12 P 2:29

SEP 12 2016
D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

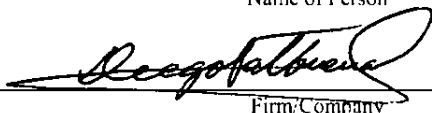
SUBJECT: ALMACENES HERMANOS MATTAR C.A. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO VALBUENA

Name of Person



Firm/Company

4696 NW 74TH STREET

Address

MIAMI FL 33166

City/State and Zip Code

anamariat@bluestarmiami.com

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

For further information concerning this matter, please call:

DIEGO VALBUENA

786 712-5179

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ALMACENES HERMANOS MATTAR C.A. 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 08/30/2016 and assigned
Florida document number L16000162679.

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) _____

Enter new mailing address, if applicable: _____

(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: _____

DIEGO VALBUENA

New Registered Office Address: _____

4696 NW 74TH STREET

Enter Florida street address

MIAMI

City

Florida

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2016 SEP 12 2:22
ALACHUA COUNTY, FLORIDA

Zip Code

33166

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>
MGR	DIEGO VALBUENA	4696 NW 74TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIEGO TIMBIS	4696 NW 74TH STREET	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

TALLAHASSEE, FLORIDA
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2018 SEP 12 P 2:29
FALLAH, ESSEFI, OUBIS

(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)

Dated SEPTEMBER 05 2016


Signature of a member or authorized representative of a member

Typed or printed name of signee