

LI6000177480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

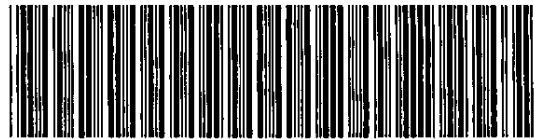
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORENTEM B.V. 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:

ANDRES POSSE

Name of Person

FLORENTEM B.V. LLC

Firm/Company

7274 NW 34TH ST

Address

MIAMI, FL 33122

City/State and Zip Code

andresposse15@gmail.com

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

For further information concerning this matter, please call:

ANDRES POSSE

786 3448667
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**

FLORENTIN B. V. 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 9/22/2016 and assigned
Florida document number L16000177480.

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: ANDRES POSSE

New Registered Office Address: 7274 NW 34TH ST

Enter Florida street address

MIAMI, Florida 33122

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	EDUARDO CABALLERO OROZ	7274 NW 34 TH ST	<input type="checkbox"/> Add
		MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE PINTO	7274 NW 34 TH ST	<input type="checkbox"/> Add
		MIAMI FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICOLAS VILLEGAS LIEVANO	7274 NW 34 TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRES POSSE	7274 NW 34 TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

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.

Dated 12/02, 2016



NICOLAS VILLEGAS LIEVANO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA