

L16000191698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

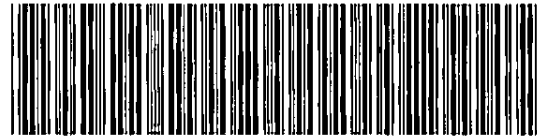
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JUL 31 PM 5:03  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

K. SALY  
AUG - 1 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2017

CHEMICALS MIAMI, LLC  
9600 NW 25TH ST.  
SUITE 4E  
MIAMI, FL 33172

SUBJECT: CHEMICALS MIAMI, LLC  
Ref. Number: L16000191698

We have received your document for CHEMICALS MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the Registered Agent address the way you want it to read.

Please check the box of the action you wish for the Managers, add, remove or change.

*Change of address only*

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

Letter Number: 317A00014336

RECEIVED  
2017 JUL 31 PM 2:28  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

CHEMICALS MIAMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2017 JUL 31 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/17/2006 and assigned  
Florida document number L16000191698.

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)

9600 NW 25TH STREET

SUITE 4E

MIAMI FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9600 NW 25TH STREET

SUITE 4E

MIAMI FL 33172

**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:

YORKO ALBORNOZ

New Registered Office Address:

9600 NW 25TH STREET, STE 4E

*Enter Florida street address*

MIAMI

Florida

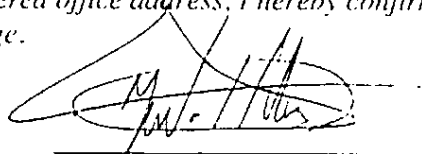
33172

*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	YORKO J ALBORNOZ	9600 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 4E	<input type="checkbox"/> Remove
		MIAMI FL 33172	<input checked="" type="checkbox"/> Change
AMBR	ADRIAN NINO	9600 NW 25TH STREET	<input type="checkbox"/> Add
		SUITE 4E	<input type="checkbox"/> Remove
		MIAMI FL 33172	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2017 JUL 31 PM 5:04  
STATE OF SOUTH FLORIDA  
CLERK OF SUPERIOR COURT  
ALL AMSECTIVE

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

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2007 JUL 31 PM 5:04  
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FALL RIVER, MASS.

6/29/2017

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated JUNE 29TH 2017

Signature of a member or authorized representative of a member

YORKO ALBORNOZ

Typed or printed name of signee