Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000289328 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (786) 303-5010
Fax Number : (305) 403-1061

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

Email Address: _____

2016 NOV 28 P 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERAMERICAN SUPPLIERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Thank you!

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H16 000 289 328 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERAMERICAN SUPPLIERS 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:

FRANK DIAZ

Name of Person

PROFESSIONALSERVICES LLC

Firm/Company

3128 CORAL WAY

Address

MIAMI FL 33145

City/State and Zip Code

professionalservices55@gmail.com

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

For further information concerning this matter, please call:

FRANK DIAZ

786

303-5010

Name of Person

at

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

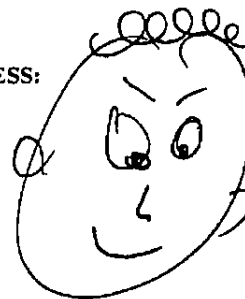
☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$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



Thank you

2016 NOV 23 P 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

4160002893283

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

INTERAMERICAN SUPPLIERS 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 OCT 27, 2016 and assigned
Florida document number LI6000198760.

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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	FRANK DIAZ	3128 CORAL WAY	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2016 NOV 23 P 55
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11/23/2016 21:07 PROFESSIONAL SERVICES, LLC

(FAX)305 403 1061

P.005/006

116000 257545

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

2016 NOV 23 PM 2:55
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TALLAHASSEE FLORIDA

77-10000

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 NOVEMBER 22 2016

Signature of a member or authorized representative of a member

FRANK DIAZ

Typed or printed name of signee