## LITOCOBBILIS

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D. SCOTT APR 2 7 2017

## **COVER LETTER**

	Registration So Division of Co			
SUBJEC'		OS Y SUMINISTROS P.O.G.A	LLC	
SUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Erick Alberto Pinto Carde	nas	
		<del></del>	Name of Person	
		SERVICIOS Y SUMINIS	TROS P.O.G.A LLC	
		<del> </del>	Firm/Company	WIT 11 11 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		8221 NW 66th Street		
			Address	
		Miami, FL 33166		
			City/State and Zip Code	
		erpintoc21@hotmail.com	to be used for future annual report notifi	oution)
For furthe	er information o	concerning this matter, please c	-	de de la carrolla de
Erick Alb	perto Pinto Caro	denas	786 557-1536	是 2 T L L L L L L L L L L L L L L L L L L
	Name o	of Person		Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	0 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

SERVICIOS Y SUMINISTROS P.O.G.A LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_L17000033343 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: Erick Alberto Pinto Cardenas Name of New Registered Agent: 8221 NW 66th Street New Registered Office Address: Enter Florida street address Miami

## 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.

City

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>	Address	Type of Action
MGR	Pinto, Erick	8221 NW 66th Street	
		Miami, FL 33166	Remove
			Change
MGR	Pinto Cardenas, Erick Alberto	8221 NW 66th Street	<b>=</b> Add
		Miami, FL 33166	□ Remove
			Change
			Add
			□ Remove
			☐ Change
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effective date is listed, the date mus	t be specific and cannot be prior	r to date of filing or more	than 90 days after filing.)	ursuant to 605.0
e: If the date inserted in this blument's effective date on the De	ock does not meet the applic	cable statutory filing re	equirements, this date w	ill not be listed
mient's effective date on the Di	partment of State 3 records	1		ध्रुद्ध ज
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April 20	2017			77
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	Ench Hi	's +		
	Signature of a member or auth	orized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00