# 117000/2/626

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
	·	
	ity/State/Zip/Phone #)	<u> </u>
(0	nty/Gate/Elp/1 (lone i/)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
<u>(D</u>	ocument Number)	
,	,	
Codified Coding	Cartification of	Chahua
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
، ہے ا		
Sign		

Office Use Only



500301048355

500301049355 07/11/17--01018--016 \*\*25.00

2017 JUL 28 PK 5: 22

K. SALY AUG - 1 2017

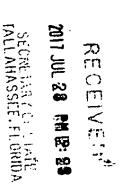


### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2017

RENE DESRAMEAUX 541 NE 126TH ST. MIAMI, FL 33161

SUBJECT: BUY CELL FL LLC Ref. Number: L17000121626



We have received your document for BUY CELL FL 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 817A00014222

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BUY CELL FL 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:
Rene Desrameaux
Name of Person
Firm/Company
541 NE 126th St Address
Miami FL 33/61
City/State and Zip Code  jaydes 7/92@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rene Desparation at (786) 651 - 7069  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

#### 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

10	
ARTICLES OF ORGANIZATION Fig. 7	
OF	
2017 JUL 25	
ARTICLES OF ORGANIZATION  OF  2017 JUL 28 PM 5: 22  (Name of the Limited Liability Company as it now appears on our records: 1. AHASSEE, FLORIFICAL CORP.)	_
(Name of the Limited Liability Company as it now appears on our records:) 1. A HARAGE VIE	
(A Florida Limited Liability Company) $\frac{119855}{10002}$	
e Articles of Organization for this Limited Liability Company were filed on $\frac{6/2/17}{4/2}$ and assigned	
1/2000/2/10/20	
orida document number <u>L17000121626</u>	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."	
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
The part type takeness in cor be it is the best type to be it is the best type type to be it is the best type type type type type type type typ	_
	_
ter new mailing address, if applicable:	
lailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter the name of the	nev
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	
the transfer of the same of th	

#### 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.

Civ

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: FILEU MGR = Manager AMBR = Authorized Member Title <u>Name</u> RENE DESRAMEAUX MGR ☐ Remove ☐ Change □ Add ■ Remove \_□ Change \_□ Add \_□ Remove \_\_\_\_ □ Change ☐ Remove □ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added

	<u>-</u>				
					_
					<del> </del>
<del>-</del>					
	<del></del>				<del></del>
			<del>-</del>	· P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	· <del></del>			رِح :	2
					S. 2. 3
					्रे के प्र
					THE P
					· <del></del>
					<del></del>
					<del></del> _
*			· · · · · · · · · · · · · · · · · · ·		
ffective date, if other th	on the date of fil	·····		(optional)	
an effective date is listed, the ote: If the date inserted in ocument's effective date o	date must be specific n this block does no	and cannot be prior of meet the applic	able statutory filing re	han 90 days after filing.) P	
e record specifies a d The 90th day after t	he record is file		t an effective time	e, at 12:01 a.m. or	ı the earlier o
ated $\frac{7/2l}{l}$	17				
<del></del>	, ,	7 /2_			
	K-				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00