

L17000152221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

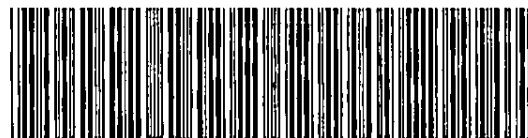
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2017 OCT 10 PM 2:49

FILED

Office Use Only



200304137182

10/11/17--01006--023 \*\*25.00

FILED  
17 OCT 26 PM 2:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 27 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2017

ANDRES RAMON AGUIRRE  
MATSURI IMPORTS  
13153 ODYSSEY WAY LAKE  
ORLANDO, FL 32826

SUBJECT: MATSURI IMPORTS LLC  
Ref. Number: L17000152221

We have received your document for MATSURI IMPORTS 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):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 417A00020700

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Matsuri Imports 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 Ramon Aguirre  
Name of Person

Firm/Company

13153 ODYSSEY LAKE WAY  
Address

Orlando FL 32826  
City/State and Zip Code

MatsuriImports@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Ramon Aguirre at (407) 346-3083  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

\_\_\_\_\_  
(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 10/24/17 and assigned  
Florida document number L17000152221.

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)

81 W Jersey St  
Orlando FL 32806

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*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*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

FILED  
OCT 26 PM 2:49  
STATE  
OF FLORIDA  
TALLAHASSEE

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>
member	ANDRES Ramon Aguirre	13153 ODYSSEY LAKE	<input checked="" type="checkbox"/> Add
		WAY orlando FL, 32826	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
member	Johan Muñoz Viera	4487 balen trails dr	<input checked="" type="checkbox"/> Add
		st. cloud FL 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 OCT 28 PM 2:49  
NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

[illegible]

(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)

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 October 24. 2017

Signature of a member or authorized representative of a member

ANDRES Ramon Aguirre

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
17 OCT 26 PM 2:49  
SOUTHERN DISTRICT OF FLORIDA  
FEDERAL CLASSIFICATION