

L17000157962

2018-01-11 10:07 PEDRO

1 >>

850-617-6381

P 1/5

<https://blue.sunniz.org/scripts/etnecovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H:8000014635 3)))



H:8000014635A8C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : PEDRO LUZQUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8307

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART BUY WHOLESALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

18 JAN 12 AM 8:24

RECEIVED
DIVISION OF CORPORATIONS
JAN 12 AM 8:24

Electronic Filing Menu

Corporate Filing Menu

Help

J. LEGGETT
JAN 16 2018

FILED
18 JAN 12 AM 9:33
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018-01-11 10:08 PEDRO

1 >> 850-617-6381
H 10000014 6353

P 2/5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMART BUY WHOLESALE 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:

JOSE M MORA

Name of Person

Firm/Company

5101 SW 87TH AVE

Address

COOPER CITY, FL 33328

City/State and Zip Code

PLUZQUINOSI@HOTMAIL.COM

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

For further information concerning this matter, please call:

PEDRO LUZQUINOS

954 655-8413

Name of Person

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

H 180000 14 6353

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

SMART BUY WHOLESALE 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 07/24/2017 and assigned
Florida document number L17000157962

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 "LLC."

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

H180000146353

2018-01-11 10:08 PEDRO

1 >>

850-617-6381

P 4/5

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	MELVA SANCHEZ	5101 SW 87TH AVE	<input type="checkbox"/> Add
		COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PEDRO LUZQUINOS	5101 SW 87TH AVE	<input checked="" type="checkbox"/> Add
		COOPER CITY, FL 33328	<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

H180000146353

RECEIVED
FALLA 1951
FLORIDA

FILED
18 JAN 12 AM 9:33
FBI - TAMPA
TAMPA, FLORIDA

H180000146353