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SECRETARY OF STATE

S. WARREN SEP 0 7 2017

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE		TROS ACTIVENSA CA CO	LLC	
3000		Name of I	Limited Liability Company	
	•	Þ		
The end	closed Articles of	Amendment and fee(s) are	submitted for filing.	
Please r	eturn all correspo	ondence concerning this mat	ter to the following:	
		JHONNY J HERNANI	DEZ	
		<del>-</del>	Name of Person	<del></del>
			Firm/Company	
		   8258 NW 108 PLACE	UNIDAD 1	
		<u></u>	Address	<del></del>
		MANA M. Ev. 22170	11831833	
		MIAMI FL 33178	<u> </u>	<u> </u>
		ACTIVENSA@HOTMA	City/State and Zip Code	
		11	s: (to be used for future annual report no	tification)
For furt	her information o	concerning this matter, please	e call:	
IHONN	Y J HERNAND	F7	786 2196554	
		f Person	at ()	
	Name o	i rerson	Area Code Daytii	me Telephone Number
Enclose	d is a check for the	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMINISTROS ACTIVENSA ÇA C	LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 08/19/2017 and assigned
Florida document number L17000177787	
This amendment is submitted to amend the follow	ng:
A. If amending name, enter the new name of the	e limited liability company here:
ï	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
· ·	10222 NW 50711 CLUTP #215
Enter new principal offices address, if applicab	e:
(Principal office address MUST BE A STREET)	ADDRESS) DORAL, FL 33178
Enter new mailing address, if applicable:	10773 NW 58TH SUITE #215
(Mailing address MAY BE A POST OFFICE BO	DORAL, FL 33178
Mulling dauress MAT BL AT OST OFFICE BU	<u> </u>
B. If amounting the arrivant array and	
c. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
T T	<del>- 120-35-35-3</del> -
Name of New Projection Assets	
Name of New Registered Agent:	
New Registered Office Address:	
i di	Enter Florida street address
1	
	City Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or if this document is istered office address. I hereby confirm that the limited liability inge.
1	Commissing Registered Agent Signature of New Respection Agent
	Page 1 of 3

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 = Mai AMBR = Aut	nager thorized Member			
<u>Title</u>	<u>Name</u>	ļ	Address	Type of Action
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	09/04/2017	
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f the date inserted in this block doe nt's effective date on the Departm	es not meet the applicable statutory filing requireme ent of State's records.	nts, this date will not be list
·		
ord specifies a delayed effec	ctive date, but not an effective time, at 12	2:01 a.m. on the earli
90th day after the record is	illeu.	17 ( SEC FALI
EPTEMBER 1	2017	SEP SEP
		SSE -5
	ue of a member or authorized representative of a member	
	accordance of audiorized representative of a member	o:' <del>'</del>
JHONNY J HERNANDEZ		27 ATE RIDA
<del></del>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00