L19000105646

(Requestor's Name)
(Address)
· ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700330119937

06/10/19--01029--013 **25.00

2019 JUN 10 PH 5: 01

T GLASS JUN 24 2019

COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJEC	INVERSIC			
SUBJEC	-1: <u>-</u>			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MAGLIOCCO, FRANCIS	co	
		INVERSIONES & SUMP	Name of Person NISTROS LLC	
		736 NW 1ST AV	Firm/Company	2019 J
	FILED FILED PM			
	PH			
				
For furth	er information c	E-mail address: (oncerning this matter, please or	to be used for future annual report notification)
ANTON	IO COA		561 8144558	
	Name o	f Person	Area Code Daytime Telep	hone Number
Enclosed	l is a check for th	he following amount:		
≅ \$25.0	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	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER AND Registration Section Division of Corporations Clifton Building	DDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES & SUMINISTROS LLC		_
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on APRIL 17, 2019	and assigned
Florida document number [.19000105646	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
	the Late 17th Company of the Company	wathing of LC"
The new name must be distinguishable and contain the words "L	imited Liability Company, the designation (LEC) of its	e annieviation & E.C.
Enter new principal offices address, if applicable:		APP
(Principal office address MUST BE A STREET AD	DRESS)	AND LESS
		
		म् ज
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the new
registered against and water termination		
Name of New Registered Agent:		
New Registered Office Address:		
TO A ROBERTON OTHER FINANCIA.	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

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>.</u>				
			<u> </u>	* **	18
				<u> </u>	20 lg Juli
	_				10 E
				-,-,	PH
	-	<u></u>		27	<u>ं</u> ज
			<u> </u>		
					
	c.mi:		(on	otional)	
ective date, if other than the date n effective date is listed, the date must be s	specific and cannot be pr	ior to date of filing o	er more than 90 days af	fter filing.) Pursu	iant to 605,020
te: If the date inserted in this block coment's effective date on the Depart	does not meet the app tinent of State's recor	licable statutory i ds.	iling requirements, t	nis date witt n	of be listed as
record specifies a delayed eff The 90th day after the record	fective date, but is filed.	not an effectiv	e time, at 12:0:	l a.m. on ti	ne earlier o
14.37.21	2019				
ted MAY 31					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00