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COVER LETTER

	Registration Se Division of Cor							
SUBJEC	Cubita Supermarket LLC							
son, r.c.	···	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please ret	turn all correspo	ndence concerning this matter	to the following:					
		Arniel Alcantara						
			Name of Person					
			Firm/Company					
		12030 W Golf Dr						
		Address						
		City/State and Zip Code enviosrangel@gmail.com						
		E-mail address: (to be used for future annual report not	ification)				
For furthe	er information c	oncerning this matter, please ca	all:					
Arniel Al	lcantara		786 3684737					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed	is a check for th	ne following amount:						
■ \$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
1	Mailing Addres Registration S	Section	Street Address: Registration Se	ection				

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cubita Supermarket 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 $\frac{07/20/2020}{1}$ and assigned Florida document number L20000209485 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Envios Rangel LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 12030 W Golf Dr Enter new principal offices address, if applicable: Miami, Florida, 33167 (Principal office address MUST BE A STREET ADDRESS) 12030 W Golf Dr Enter new mailing address, if applicable: Miami, Florida, 33167 (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: 12030 W Golf Dr. New Registered Office Address: Enter Florida street address Florida 33167
Zip Code Miami City

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 = M	anager uthorized Member	ان با الله الله الله الله الله الله الله ا		
Title	Name	<u>Address</u>	2021 FE8 15 AH 8: 01	Type of Action
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. Effective date, if other than the da	ite of filing: (optional)
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(it closes not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
ecord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 2/11/20	12:01am
Sig	a member or authorized representative of a member
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Filing Fee: \$25.00

Typed or printed name of signee