

MZI 000013219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

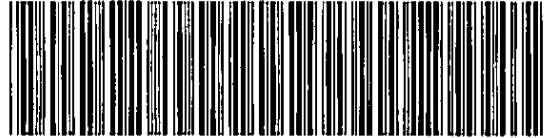
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CLERK OF STATE
JD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DROGUERIA DROGUESI CA, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAD M WAKED HAMMOUND

Name of Person

DROGUERIA DROGUESI SA, LLC

Firm/Company

12486 SW 54TH ST

Address

MIRAMAR, FL 33027

City/State and Zip Code

jadwaked@jmw.com.vc

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

For further information concerning this matter, please call:

JAD M WAWED HAMMOUND at (+58-412) 1088666

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DROGUERIA DROGUESI CA, LLC

Enter new principal office address, if applicable: 7762 NW 46 ST

(Principal office address
MUST BE A STREET ADDRESS) DORAL, FL 33166

Enter new mailing address, if applicable: 7762 NW 46 ST

(Mailing address
MAY BE A POST OFFICE BOX) DORAL, FL 33166

2. The Florida document number of this limited liability company is: M21000013219

3. Jurisdiction of its organization: FALCON STATE VENEZUELA

4. Date authorized to do business in Florida: 09/29/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: 7762 NW 46 ST

Enter Florida Street Address

DORAL, Florida
City *State*

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

ADD A NEW MANAGER Y REMOVE A MEMBER. CHANGE ADDRESS

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.AP	AILIN CARNEVALI	12486 SW 54TH ST	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
M	JAD M WAKED HAMMOUND	12486 SW 54TH ST	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
M	JAD M WAKED HAMMOUND	7762 NW 46 ST	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
MGR. AI	FAYZA A ZAGLOUT YAZDA	Av. Gral Pelayo Casa 4. Urb. Pta Esmeralda	<input checked="" type="checkbox"/> Add
		Punto Fijo, Falcon 4102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Jad Waked

Jad Waked (Sep 23, 2022 14:49 EDT)
Signature of the authorized representative

JAD M WAKED HAMMOUND

Typed or printed name of signee

Filing Fee: \$25.00