## 111000126700

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

Office Use Only



400214129414

11/14/11--01059--012 \*\*60.00

2011 NOV 14 AM 8: 14
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

J. SAULSBERRY EXAMINER NOV 16 2011

## **COVER LETTER**

TO:

Registration Section ,

Tallahassee, FL 32314

| Division of Cor  | porations  |  |                  |              |  |         |
|--|--|--|------------------|--------------|--|---------|
| uвјест: Lupeca LLC   |  |  |                  |              |  |         |
|  | Name of Lin  | nited Liability Company  |                  | <del>+</del> |  |         |
| The enclosed Articles of   | Amendment and fee(s) are su  | ibmitted for filing.   |                  |              |  |         |
| Please return all correspo   | ndence concerning this matte   | er to the following:   |                  |              |  |         |
|  | Ca   | Carmen S. Romero-Tejeda  |                  |              |  |         |
|  |  | Name of Person   |                  |              |  |         |
|  | CST Business & Financial Services  |  |                  |              |  |         |
| Firm/Company   |  |  |                  |              |  |         |
|  | 7800 N. University Drive, Suite 304  |  |                  |              |  |         |
| Address  |  |  |                  |              | 201<br>TAL                             |         |
|  | Tamarac, FL 33321  |  |                  |              | 2011 NOV 14<br>SECRETARY<br>TALLAHASSI | and the |
|  | City/State and Zip Code  |  |                  |              | ASS I                                  | E-marin |
|  | Cstfinancial@cstgroup.us  E-mail address: (to be used for future annual report notification) |  |                  |              | 711-4                                  | T       |
|  |  |  | report normeanor | 1)           | AM 8:                                  | Ç.,     |
| For turiner information co   | oncerning this matter, please  | caii:  |                  | ·            | AL F                                   |         |
| Carmen S   | S. Romero-Tejeda   | at ( 954 )   | 323              | -8224        |  |         |
| Name of  | l'Person   | Area Cod   | e & Daytime Tele | phone Number |  |         |
| Enclosed 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 i                                 |                  | Certified    | e of Status &                          | sed)    |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |  | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building |                  |              |  |         |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LUPE   | CA LLC  |  |  |  |
|--|---|--|--|--|
| (Name of the Limited Liability Comp                                      | any as it now appears on ou<br>Liability Company) | r records.)                            |  |  |
| (A Fiorida Emitted   | Liability Company)                                |  |  |  |
| The Articles of Organization for this Limited Liability Compan           | y were filed on <u>Novem</u>                      | ber 4, 2011 and assigned               |  |  |
| Florida document numberL11000126700                                      |   |  |  |  |
|  |   |  |  |  |
| This amendment is submitted to amend the following:                      |   |  |  |  |
| A. If amending name, enter the new name of the limited lia               | bility company here:                              |  |  |  |
| Comercial L  | •   | <b>n</b>                               |  |  |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Company," the                     | designation "LLC" or the abbreviation  |  |  |
| Enter new principal offices address, if applicable:                      |   | 201 <br>TALI                           |  |  |
| (Principal office address MUST BE A STREET ADDRESS)                      |   | 22 2 7                                 |  |  |
|  |   | P. T.                                  |  |  |
|  |   | <u> </u>                               |  |  |
|  |   |  |  |  |
| Enter new mailing address, if applicable:                                |   | ORAT STATE                             |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                               |   |  |  |  |
|  |   | 7                                      |  |  |
|  |   |  |  |  |
| B. If amending the registered agent and/or registered of                 |   | ords, <u>enter the name of the new</u> |  |  |
| registered agent and/or the new registered office address he             | <u>ere</u> :                                      |  |  |  |
|  |   |  |  |  |
| Name of New Registered Agent:  |   | · .                                    |  |  |
| New Registered Office Address:   |   |  |  |  |
| New Registered Office / Rediess.   | Enter Flor  | ida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Add 🔲 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Moember 8 Signature of a member or authorized representative of a member Carmen S. Romero-Tejeda Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00