LISOCOCIOS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAY 2 3 2013 L. SELLERS

Office Use Only



400248076424

05/20/13--01021--020 **25.00

13 MAY 20 PH 1:31
SECRETARY OF STATE
FALLAMASSEE, PLORID

COVER LETTER

Division of Corporations	
SUBJECT: CARYAW Properties LLC Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Filomene Tedes co de Mer Wrio Name of Person	
CARYAN Properties LLC Firm/Company	
13872 Whispering Lakes Los Address	
Ralm Boach gordons, F1 33413	
m. patie @ hot mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sandra Mercurio at (561) 929 3576 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ied)

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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**

CARYAN	rope (CTIES, LL	\subset	
(Name of the Limited Lia (A Flo	ibility Compa orida Limited L	ny as it now appears on clability Company)	our records.	
The Articles of Organization for this Limited Liabi Florida document number <u>しいろのつ 27</u> 0	lity Company			and assigned
TIN # 46-210	3917			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limi	ted Liability Company," t	he designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	13872 Wh	ispering 1	alies Ln
(Principal office address MUST BE A STREET A	(DDRESS)	Palm Bea	ch gior	alles Ln dans, fl 35412
Enter new mailing address, if applicable:		13872 Whis	pering La	Kes Ln
(Mailing address MAY BE A POST OFFICE BOX)		Pahn Beach	gollons	F1. 33418
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	13872	Whispering Lo	ciVes Lu Iorida street ad	dress
(Palm Be	ce de dos dons	. Florida	33418
		City		Zip Code
Now Desistant Assetts Cianatura if shareing Desi	letamed Amends			

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** <u>Name</u> Madd Filomenc T. de Merario 13872 Whispering Lakes Ln, P.Bq Madd Remove Remove Remove Add Remove

D. If an	neading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• `	
Dated _	Nay 10th, 2013.
	Souther Much Preside & Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Sandra Merouria Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00