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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

CARACAS RESTAURANTE LLC

SUBJECT

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:

MONIQUE TRONCONE CPA

Name of Person

MONIQUE TRONCONE CPA PA

Firm/Company

55 NE 5TH AVENUE SUITE 501

Address

BOCA RATON, FL 33432

City/State and Zip Code

MONIQUE@TRONCONE-CPA.COM

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

For further information concerning this matter, please call:

MONIQUE TRONCONE

561,417-0308

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

MAILING ADDRESS:

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

CARACAS RESTAURANTE 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 7-29-13 and assigned Florida document number L13000107069 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARACAS CONSULTING LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2013 N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			Add
			Remove
N/A			_
			Remove
			Add
		AHASSET ARE	Remove
N/A		AHASSEE, FLORIDA	_₹ D Add
			Add Remove
N 1/A			_
N/A			Add
			Remove
N/A			- □
			_
			Remove

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
	
d August 26	2013
	Thele
S	Signature of a member or authorized representative of a member
	Typed or printed hame of signee
	Page 3 of 3
	, TOUR TO 00 00

Filing Fee: \$25.00

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