## 13000105747

Julie Caballero
(Requestor's Name) 2301 S. OCLAN Dr. (Address)
Apt. 1708  (Address)
Hollywood, Fl. 33019 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
954-986-1751
L* Donna



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2013 AUG 30 AM 9: 50
SECRETARY OF STATE
AND ANASSEE, FLORIDA

08/22/13--01011--006 \*\*35.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2013

EDWARD F. HOLODAK, ESQ. 2500 HOLLYWOOD BLVD. STE 212 HOLLYWOOD, FL 33020

SUBJECT: JULIE CABALERRO INVESTMENTS, LLC

\* Sulic 600° rule!

Ref. Number: L13000105747

We have received your document for JULIE CABALERRO INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 213A00020463

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 AUG 30 AM 9 50

SECRETARY OF STATE TALLAHASSEE. FLORIDA ed Liability Company as it now appea (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Zip Code Citv

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, 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> <u>Address</u> Type of Action Add Remove Remove Remove Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
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<u></u>	• ———	
	And in Culolling	
	Signature of a member or authorized representative of a member	
	Julie L. Capalera	
	Typed or printed hame of signee	
	•	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE