

L020000011221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

OCT 07 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2014

MIGUEL CARO
6604 SW 114TH AVE.
MIAMI, FL 33173

SUBJECT: CARO CONSTRUCTION, LLC
Ref. Number: L0200011221

We have received your document for CARO CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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.

Elliott R McCaskill
Registration Specialist II

Letter Number: 014A00018933

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARO CONSTRUCTION, 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:

MIGUEL A. CARO
Name of Person

CARO CONSTRUCTION, LLC
Firm/Company

10925 SW 156 TER
Address

MIAMI FL 33157
City/State and Zip Code

CAROCONSTRUCTIONLLC@MSM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A. CARO at (786) 506-3177
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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(ds.)

(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 05/09/2002 and assigned Florida document number LO2000011221.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

10925 SW 156 TER

MIAMI F1 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10925 SW 156 TER

MIAMI FI 33157

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:

10925 SW 156 Terr.

Enter Florida street address

Miami

Florida

33157

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 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

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	CARO, MIGUEL A.	10925 SW 156 TER	<input checked="" type="checkbox"/> Add
	VP/CEO - New address	MIAMI FL 33157	<input type="checkbox"/> Remove
P	CARO, EDGARD H	1109 CALVIN AVE	<input type="checkbox"/> Add
		LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Remove
D	CARO MAURICIO	6604 SW 114 AVE	<input type="checkbox"/> Add
		MIAMI FL 33173	<input checked="" type="checkbox"/> Remove
D	CARO EDGARD Sr.	1109 CALVIN AVE	<input type="checkbox"/> Add
		LEHIGH ACRES FL 33972	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Principal Address:

10925 SW 156 TER

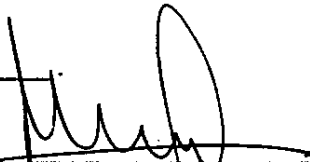
MIAMI FL 33157

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

09/22/2014



Signature of a member or authorized representative of a member

MIGUEL A. CARO

Typed or printed name of signee

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Filing Fee: \$25.00

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