

LOS 000043065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

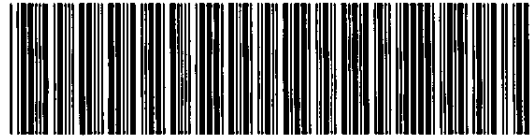
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JFM 5/1/14

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03/17/14--01017--002 **35.00

FILED
14 MAY -1 11:05:56
MAY 1 2014

M. MILLIGAN
EXAMINER

MAY -1 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2014

CARIBBEAN IMPORT-EXPORT LLC
JUNOT APOLLON
3530 MAGELLANE CIR, UNIT 606
ADVENTURA, FL 33180

SUBJECT: CARIBBEAN IMPORT-EXPORT LLC
Ref. Number: L05000043065

We have received your document for CARIBBEAN IMPORT-EXPORT 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 114A00006194

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN IMPORT - EXPORT 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:

JUNOT A POLLON
Name of Person

CARIBBEAN IMPORT - EXPORT LLC
Firm/Company

3530 MAGELLANE CIRCLE UNIT 616
Address

ADVENTURA, FL 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

JUNOT A POLLON at (305) 931-5120
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

FILED
14 MAY -1 10 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARIBBEAN IMPORT-EXPORT 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 MAY 2, 2005 and assigned Florida document number LD5000043065.

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)

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

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>
<u>S</u>	<u>AINAY APOLLON</u>	<u>3530 MAGELLANE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>UNIT. 616</u>	<input type="checkbox"/> Remove
		<u>A DVENTURA, FL 33180</u>	
<u>T</u>	<u>ALEXANN APOLLON</u>	<u>3530 MAGELLANE CIR</u>	<input checked="" type="checkbox"/> Add
		<u>UNIT. 616</u>	<input type="checkbox"/> Remove
		<u>ADVENTURA, FL 33180</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: FEBRUARY 27, 2014 (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 APRIL 16TH / 2014


Signature of a member or authorized representative of a member

MELISSA DUCAS
Typed or printed name of signee