

L 06000122685

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2010 JUL - 8 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KAMELIAS REAL ESTATE, L.L.C.**  
Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL -8 PM 12:25

FILED

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose C. Marrero, Esq.

Name of Person

Law Office of Jose C. Marrero, P.A

Firm/Company

1200 Brickell Avenue, Suite No. 505

Address

Miami, FL 33131

City/State and Zip Code

jose@marrerolaw.com

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

For further information concerning this matter, please call:

Jose C. Marrero, Esq.

Name of Person

at ( 305 )

470-2030

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**

**KAMELIAS REAL ESTATE, L.L.C.**

(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 December 28, 2006 and assigned  
Florida document number L06000122685

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

1200 BRICKELL AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

SUITE NO. 505

MIAMI, FL 33131

**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:

N/A

New Registered Office Address:

N/A

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 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>	<u>Type of Action</u>
MGR	JOSE KAMEL	314 Nolana McAllen, TX 78504	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Zaryas Investments, LLC	314 Nolana McAllen, TX 78504	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ZARCO SARQUIS	314 Nolana McAllen, TX 78504	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 12 PM 12:00  
FILED

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

N/A

Dated

June 18

2010

Signature of a member or authorized representative of a member

ZARCO SARQUIS

Typed or printed name of signee