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SECTION OF SECTION OF

AUG 21 2013

## **COVER LETTER**

Division of Corp	porations				
SUBJECT: Car	rambola 20, LLC.				
		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Janice Kolar				
	Janice Rolai	Name of Person			
	Brooks Tropical				
		Firm/Company			
•	P.O. Box 900160				
		Address			
	Homestead, FL	33090-0160 City/State and Zip Code			
	janice@brookstro	•		55 <b>r</b> -3	
	E-mail address: (t	o be used for future annual report notification	1)		
For further information co	oncerning this matter, please c	a11:		950-26-0 900	(A.A.)
				35 G	44.4 +3.
Janice Kolar	r	at (305 ) 247-3544, ex	t. 7444	D 1 -	
Name of	Person	Area Code & Daytime Tele	phone Number	# \$15.00 # \$15.00	4
					Section 4
Enclosed is a check for th	e following amount:			5	
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate of Certified Contact (additional)	of Status &	

MAILING ADDRESS:

:OT

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Carambola 20, LLC.</u> ( <u>Name of the Limited Liabil</u>	ity Company as it now appears on o a Limited Liability Company)	ur records.)
(A Florid	a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on01/19	/2007 and assigned
Florida document numberL0700008079	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," th	
Enter new principal offices address, if applicable:		70 SEC. 3
(Principal office address MUST BE A STREET ADI	ORESS)	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 E
B. If amending the registered agent and/or regregistered agent and/or the new registered office aconstruction Name of New Registered Agent:  New Registered Office Address:	ldress here:	ecords, enter the name of the new
		, 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 Title Name <u>Address</u> Type of Action Add Remove Add Remove \$ Add Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Article IV - Management
	The company shall be a Member managed company and the management of
	the LLC. shall be by the sole Member, Brooks Tropicals Holding, Inc.,
	a Florida corporation.
Dated	July 26, 2013.
	Janua Kolan
	Signature of a member or authorized representative of a member
	Janice Kolar Typed or printed name of signee
	1 year of printed fiante of signee

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Filing Fee: \$25.00

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