

L07000096272

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 22 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CRUISE CENTER OF MIAMI, L.L.C.**  
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:

LOPEZ, FERNANDO JR

Name of Person

CRUISE CENTER OF MIAMI, L.L.C.

Firm/Company

1221 BRICKELL AVENUE SUITE 900

Address

MIAMI FL 33131

City/State and Zip Code

FLOPEZ@CRUCEROSYMAS.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LOPEZ, FERNANDO JR

Name of Person

at ( 305 )

200 86 24

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**

**CRUISE CENTER OF MIAMI, 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 09/20/2007 and assigned  
Florida document number L07000096272.

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:

Carmen Elias-Levenson, CPA, P. A.

New Registered Office Address:

5979 NW 151 Street, Suite 221

*Enter Florida street address*

Miami Lakes

, Florida

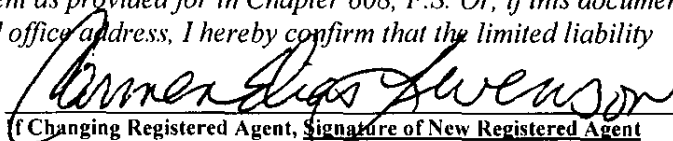
33014

*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**

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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>
MGRM	LOPEZ, FERNANDO JR	1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARTINEZ, ROCIO	1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LOPEZ, FERNANDO SR	LAFAYETTE #64, COL. ANZURES MEXICO DISTRITO FEDERAL 11590	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTILLA, BEATRIZ	LAFAYETTE #64, COL. ANZURES MEXICO DISTRITO FEDERAL 11590	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTILLA, PAULINA	LAFAYETTE #64, COL. ANZURES MEXICO DISTRITO FEDERAL 11590	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTILLA, TERESA	LAFAYETTE #64, COL. ANZURES MEXICO DISTRITO FEDERAL 11590	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

PARTNERS

LOPEZ, FERNANDO JR 75%

MARTINEZ, ROCIO 25%

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TALLAHASSEE, FLORIDA

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Dated MARCH, 14, 2012

Signature of a member or authorized representative of a member

Fernando Lopez Jr.

Typed or printed name of signee