

LD8000001751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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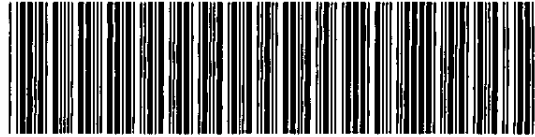
(Business Entity Name)

(Document Number)

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08 MAY 27 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outman MAY 28 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE CARRIBEAN POINT, 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:

RIGOBERTO MADRUGA  
(Name of Person)

THE CARRIBEAN POINT, LLC  
(Firm/Company)

1003 W HILLSBOROUGH AVE  
(Address)

TAMPA, FL 33603  
(City/State and Zip Code)

For further information concerning this matter, please call:

RIGOBERTO MADRUGA at ( 813 ) 900 6122  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
08 MAY 27 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

THE CARRIBEAN POINT, 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 01/07/2008 and assigned  
Florida document number L08000001751.

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:

1003 W HILLSBOROUGH AVE

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

TAMPA, FL 33603

Enter new mailing address, if applicable:

1003 W HILLSBOROUGH AVE

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

TAMPA, FL 33603

**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:

RIGOBERTO MADRUGA

New Registered Office Address:

2714 W LOUISIANA AVE

(Enter Florida street address)

TAMPA,

(City)

Florida 33614

(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

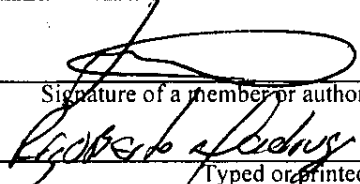
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RIGOBERTO MADRUGA	2714 W LOUISIANA AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MIGUEL A AGUIAR	8806 CAMERON CREST DR TAMPA, FL 33626	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDGAR DELGADO	6931 W COMANCHE AVE TAMPA, FL 33634	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RIGOBERTO MADRUGA	2714 W LOUISIANA AVE TAMPA, FL 33614	<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

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

N/A

Dated 5/21, 2008

Signature of a member or authorized representative of a member  
  
 Typed or printed name of signee

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 08 MAY 27 PM 12:04  
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 TALLAHASSEE, FLORIDA