(Requestor's Name)				
(Address)				
, ,				
(Address)				
(City/State/Zip/Phone #)				
(2-1), 2-11-11-11,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
•				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Homend				

Office Use Only

G. MCLEOD

JUL - 7 2008

**EXAMINER** 



900132005989

07/02/08--01005--003 \*\*25.00

## **COVER LETTER**

Division of Corpo	rations	•			
SUBJECT:	CARMEL B	usiness llc			
	(Name of Limi	ted Liability Company)	<del>.</del>		
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	LEOPO	(Name of Person)			
		(Name of Person)			
CARMEL BUSINESS LLC 2550 (Firm/Company)					
2 5 50 (Firm/Company)					
	( 2 <b>5</b> <70 )	NW 72 AVENUE, S	115 115		
	(2330)	(Address)			
(Address)					
MIAMI, FL 33122					
(City/State and Zip Code)					
For further information con	cerning this matter, please c	all:			
		مراجع المراجع المراجع			
LEOPOLDO HE	ERNANDEL	at ( <u>786)</u> 4 99 - 8 (Area Code & Daytime To	491		
(Name of I	Person)	(Area Code & Daytime To	elephone 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:

TO:

**Registration Section** 

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**

	INESS LLC				
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liabilit	y company note mod on	109/2008	and assigned		
Torica document named	<u></u> -				
This amendment is submitted to amend the following	<b>;</b> ;				
A. If amending name, enter the new name of the	limited liability company here	}			
The new name must be distinguishable and end with the		" the decimation "T	I C" or the abbreviation		
"L.L.C."	words Limited Liability Company	y, the designation L	De of the abbreviation		
Enter new principal offices address, if applicable:			<b>8 3</b>		
(Principal office address MUST BE A STREET AL	DDRESS)				
	<u> </u>				
Enter new mailing address, if applicable:			<b>2 3 3 3 3 3 3 3 3 3 3</b>		
(Mailing address MAY BE A POST OFFICE BOX			<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ır records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	LEOPOLDO HE	ERNANDEZ			
New Registered Office Address:	75-0 MIN 72 AVENUE, SUITE 11				
	(Ent	(Enter Florida street address)			
<u></u>	MiAMi	, Florida	33172		
			(Zip Code)		
New Registered Agent's Signature, if changing Regist	ered 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\_Qr, 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) RESPONDE MERNAUDEZ

Page 1 of 2

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 **Address Type of Action Title** <u>Name</u> 250 NW 72 AUCHUR Soite 115 MIAMI, FL 33122 LUZ D CABAL MGR ☐ Add Remove ☐ Add Remove **₫** Add Remove ┌ Add Remove Add 🗂 Remove Add
Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008

Page 2 of 2

Filing Fee: \$25.00

Signature of a member of authorized representative of a member

Typed or printed name of signee