

LOG000012419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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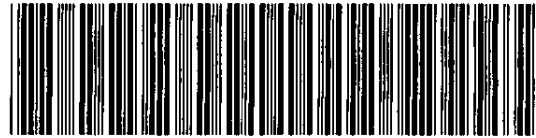
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOG-12419

DA Thomas MAY 26 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALTAMIRA IMPORT EXPORT 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:

OTTO N. FERNANDEZ  
(Name of Person)

ALTAMIRA IMPORT EXPORT LLC  
(Firm/Company)

1205 FIRST ST.  
(Address)

KEY WEST, FL. 33040  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KARINA ACOSTA at (305) 395 1973  
(Name of Person) (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**

ALTAMIRA IMPORT EXPORT 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 ARTICLE I and assigned Florida document number L08000012419.

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)

1205 FIRST ST.

KEY WEST, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. BOX 5382

KEY WEST FL 33045

**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:

KARINA ACOSTA

New Registered Office Address:

1205 FIRST ST.

(Enter Florida street address)

KEY WEST

(City)

Florida

33040

(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.

Karina Acosta  
(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	Address	Type of Action
MGRM	KARINA ACOSTA	1305 FIRST ST. KEY WEST, FL. 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OTTO N. FERNANDEZ	1305 FIRST ST KEY WEST, FL 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KARINA ACOSTA	1305 FIRST ST KEY WEST, FL. 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

Karina Acosta and OTTO N. Fernandez  
as principal agents. and

Karina Acosta also as Business Manager.

Dated 05/23/08

Signature of member or authorized representative of a member

OTTO. N. FERNANDEZ

Typed or printed name of signee