

**L08000018593**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

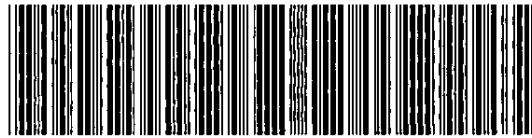
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200147873432

03/30/09--01010--020 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 14 AM 8:42

T. HAMPTON

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ORINOCO INVESTMENT COMPANY, 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:

CARLOS E. IMERY  
(Name of Person)  
ORINOCO INVESTMENT COMPANY, LLC  
(Firm/Company)  
1000 BRICKELL AVE, STE 725  
(Address)  
MIAMI, FL 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS IMERY at (561) 212 8331  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee: **ALREADY MAILED**
- \$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

March 25, 2009

Division of Corporations  
Attn: Registration Section  
PO BOX 6327  
Tallahassee, FL 32314

Dear Sirs:

The reason for which I write is to resign as the managing member of Orinoco Investment Company, LLC. The details of the company are the following:

Orinoco Investment Company, a Florida LLC  
The assigned document number: **L08000018593**

The new manager for the company will be:

David E Healey  
1000 Brickell Ave, Suite 725  
Miami, FL 33131

The ownership of the company will remain intact. My contact information is the following, just in case it is needed:

Carlos Imery  
950 Brickell Bay Dr, Apt 4201  
Miami, FL 33131  
(561) 212.83.31

I am attaching payment of \$25.00 to the Florida Department of State for this processing.

Sincerely,



Carlos E. Imery  
Resigning Managing Director – Orinoco Investment Company, LLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 APR 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 31, 2009

CARLOS E IMERY  
950 BRICKELL BAY DR  
APT 4201  
MIAMI, FL 33131

SUBJECT: ORINOCO INVESTMENT COMPANY, LLC  
Ref. Number: L08000018593

We have received your document for ORINOCO INVESTMENT COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00010816

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ORINOCO INVESTMENT COMPANY

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR 14 AM 8:42

The Articles of Organization for this Limited Liability Company were filed on FEB 21, 2008 and assigned Florida document number LO8000018593.

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:

1000 BRICKELL AVE, STE 725

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

MIAMI, FL 33131

Enter new mailing address, if applicable:

PO BOX 810187

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

BOCA RATON, FL 33481

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*(Enter Florida street address)*

\_\_\_\_\_, 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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS E. IMERY	2021 N FEDERAL HIGHWAY BOCA RATON, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAVID HEALEY	1000 BRICKELL AVE, STE 725 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 09 APR 14 AM 8:42

Dated APRIL 8<sup>th</sup>, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
CARLOS IMERY  
 \_\_\_\_\_  
 Typed or printed name of signee