L08000053330

(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



600172851686

03/25/10--01026--017 **60.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAR 2 8 2010
EXAMINER

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	C&A	GROUP LLC	
	Name of Lim	ted Liability Company	
	f Amendment and fee(s) are subsondence concerning this matter		
·	C		
		ADAM SUAREZ	
		Name of Person	
}		Firm/Company	
		5881 W 3 AVE	·
		Address	
		HIALEAH, FL 33012	
City/State and Zip Code			
	ASUAF	REZ@UBVENTURES.ORG to be used for future annual report notif	ination
		•	ication)
For further information	concerning this matter, please of	call:	
ΑC	DAM SUAREZ	at (305)	331-8102
Name	of Person	Area Code & Daytim	e 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)
	LING ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ROUP LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appea d Liability Company)	rs on our records.)	· · · · · · · · ·	
The Articles of Organization for this Limited Liability Compare Florida document numberL08000053330	ny were filed on	05/29/2008	and assigned	
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the limited list	ability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbrevia	 atior
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	š .
			3 02	<u>}</u>
			20 CF	ا ا المحمد الم
Enter new mailing address, if applicable:			ပ် ျ	
(Mailing address MAY BE A POST OFFICE BOX)			2	20
			79.	ን ት
			.en. 5	1
B. If amending the registered agent and/or registered	office address on	our records, <u>enter t</u>	he name of the	nev
registered agent and/or the new registered office address h	ere:			
•				
Name of New Registered Agent:				_
New Registered Office Address:				
	Er	iter Florida street add	ress	
		, 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:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If an		e(s) here: (Attach additional sheets, if necessary.) units endment is filed, the number of	
		ged. MGRM Cynthia Suarez in now 95% am Suarez is now 5% share holder and	_
	owner.		- 3
			SECRET ISION O IO MAR
Dated _	March 22 , 20°	<u>10</u> .	25 P. S.
	_	DAM SUAREZ	RATE OF THE PARTY
		or printed name of signee	- S

Page 2 of 2

Filing Fee: \$25.00