

LD8000079942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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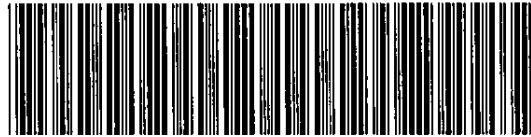
(Business Entity Name)

(Document Number)

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12 JUN -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN -4 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPORT CARIBE, 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:

ROBERTO ROJAS

Name of Person

ROJAS & OLIVA, PA

Firm/Company

15800 Pines Blvd Suite 206

Address

Pembroke Pines, FL 33027

City/State and Zip Code

ROJAS@ROJASOLIVACOM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Rojas

Name of Person

at (305)

373-6868

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**

EXPORT CARIBE, LLC

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

FILED
12 JUN -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 8, 2008 and assigned
Florida document number L08000079942.

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 "LLC."

Enter new principal offices address, if applicable:

8574 NW 61 Street

(Principal office address MUST BE A STREET ADDRESS)

Doral, FL 33166

Enter new mailing address, if applicable:

8574 NW 61 Street

(Mailing address MAY BE A POST OFFICE BOX)

Doral, FL 33166

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:

Roberto Rojas

New Registered Office Address:

15800 Pines Blvd Suite 206

Enter Florida street address

Pembroke Pines

Florida

33027

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

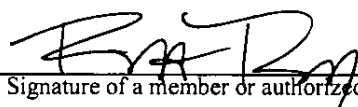
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Prefacero Estructura Apernadas, CA.	8574 NW 61 Street Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Arturo Alvarez-Pecio	4829 SW 147 Place Miami, FL 33185	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Arturo Alvarez-Pecio	4829 SW 147 Place Miami, FL 33185	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 31, 2012



Signature of a member or authorized representative of a member

Roberto Rojas, Authorized Representative

Typed or printed name of signee

FILED
12 JUN - 1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA