

LD9 000039885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

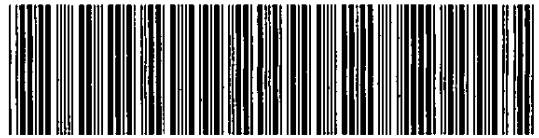
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T. CLINE

AUG -4 2009

EXAMINER

COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: Caribe Holdings, 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:

Barbara Moreno
Name of Person

Caribe Holdings, LLC
Firm/Company

1250 South Miami Ave #1712
Address

Miami, FL 33130
City/State and Zip Code

agustin.tome@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Barbara Moreno at (305) 371-5855
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**

Caribe Holdings, 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 04/24/2009 and assigned
Florida document number L09000039885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

1250 South Miami Ave #1712

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1250 South Miami Ave #1712

Miami, FL 33130

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:

Barbara Moreno

New Registered Office Address:

1250 South Miami Ave #1712

Enter Florida street address

Miami

City

Florida

33130

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.

Barbara Moreno
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	Barbara Moreno	1250 South Miami Ave #1712 Miami, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jorge Moreno	1250 South Miami Ave #2401 Miami, FL 33130	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Agustin Tome	1250 South Miami Ave #2401 Miami, FL 33130	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Caridad Garcia	6708 NW 57 Drive Tamarac, FL 33321	<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

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

Dated July 9th, 2009


 Signature of a member or authorized representative of a member

Barbara Moreno

Typed or printed name of signee