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C. LEWIS

AUG 3 1 2009

EXAMINER

COVER LET TO: Registration Section ... **Division of Corporations** CABEM 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: Hernan Cora Name of Person, CABEM, LLC. 1141 NE 200 ST. North Hiami Beach, FL 33179 hcora 24 2 yahoo . com. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 796 2141 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,
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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

FILED 2009 AUG 28 PM 2: 57

		SAMA MOO TO
CABE	M. LLC.	SECRETARY OF STATE SECRETARY OF
	Company as it now appears on c Limited Liability Company)	our records.) TALLATIE
e Articles of Organization for this Limited Liability C	Company were filed onOS_	· 11. 2009 and assigned
orida document number L 0 9 0000 4.	<u>5</u> ,264	
is an and the Callery in a		
nis amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
ne new name must be distinguishable and end with the wo	rds "Limited Liability Company," t	he designation "LLC" or the abbreviation
nter new principal offices address, if applicable:		·
rincipal office address MUST BE A STREET ADDI	RESS)	
	<u> </u>	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
uning unitess MAT BEAT OST OFFICE BOX		
If amending the registered agent and/or regis	tared office address on our r	poords enter the name of the new
gistered agent and/or the new registered office add		ecords, enter the name of the new
		
Name of New Registered Agent:		
Name of New Registered Figure.		•
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> **Type of Action** Alicia Coral MGRM NE ZOO ST ☐ Add Remove □ Add Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August Dated er/or authorized representative of a member Hernan Coral Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00