

L09000064679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

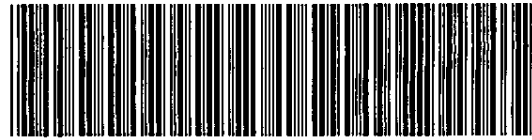
(Document Number)

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**A. LUNT**  
JAN - 3 2011  
**EXAMINER**

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12/16/11--01033--020 \*\*50.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CACRI CREATIVE CONTENTS, LLC  
Name of Partnership

**DOCUMENT NUMBER:** LO9000064679

The enclosed Amendment to Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIGIA M. SUAREZ  
Name of Person

GP1100001587-1  
12/16/11--01033--020 \*\*50.00

CACRI CREATIVE CONTENTS, LLC  
Firm/Company

11040 SW, 196 ST, #303  
Address

MIAMI, FL 33157  
City/State and Zip Code

LIGIAMELANYS@AOL.COM  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LIGIA M. SUAREZ at (305) 251-9867  
Name of Person Area Code & Daytime Telephone Number

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
CR2E067 (10/07)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CACRI CREATIVE CONTENTS, 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 07/06/2009 and assigned Florida document number LD9000064679.

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:

(Principal office address MUST BE A STREET ADDRESS)

11040 SW, 196 ST # 303  
MIAMI, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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TALLAHASSEE, FLORIDA

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	MIGUEL A. SALGUERO	11040 SW 196 ST #303 MIAMI, FL 33157	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

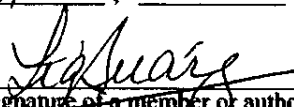
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2011 DEC 29 PM 4:08

FILED

Dated 12/12/2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
LIGIA M. SUAREZ  
 \_\_\_\_\_  
 Typed or printed name of signee