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SECRE 14RY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

DEC - 2 2009

EXAMINER

COVER LETTER

TQ:	Registration Solution of Con		·				
SUBJECT: Cape Fairweather Commercial Enterprises 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:							
			Olga Santini				
Name of Person							
	tional						
999 Ponce de Leon Boulevard - Suite 1135							
Address							
Coral Gables, Florida 33134							
							
OS			santini@bellsouth.net to be used for future annual repor	t notification)			
r e	41 i Co	-	-	t notification)			
For further information concerning this matter, please call:							
		Olga Santini	at (305)	856-6121			
Name of Person		Area Code & Daytime Telephone Number					
Enclos	ed is a check for t	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$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		Registration : Division of C Clifton Build	Corporations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cape Fairweat	her Commercial Enter	orises, LLC		
(A F	ability Company as it now appea orida Limited Liability Company)	13 on our records.		
The Articles of Organization for this Limited Liab		10/14/2009	and assigned	
Florida document numberL090000989	92			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicab	le:		<u> </u>	
(Principal office address MUST BE A STREET.	ADDRESS)		09 VIS	
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		T PI	
			ATA ATA	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the flew	
Name of New Registered Agent:				
New Registered Office Address:	tered 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 Type of Action **Title** <u>Name</u> **Address** MGR **Carlos Cortez** Neptune Commercial Enter MGR ☐ Add Francis Rachel Street No 13 ✓ Remove Victoria, Mahe, Sevchelles □ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 November 25 Signature of a member or authorized representative of a member **Carlos Cortez**

Typed or printed name of signee