Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MF CORPORATE SERVICES INTL

Account Number : I20110000034 Phone : (305)856-6121 Fax Number : (305)856-6122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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B. BOSTICK

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JUN 2 7 2013

EXAMINER

COVER LETTER

TQ:

Registration Section Division of Corporations

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

MF CORPORATE SERVICES INTERNATIONAL

Firm/Company

1541 BRICKELL AVENUE, STE 1806

Address

MIAMI, FL 33129

osantini@bellsouth.net

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

For further information concerning this matter, please call:

Olga Santini

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

ARTICLES OF ORGANIZATION OF CAPE FAIRWEATHER COMMERCIAL ENTERPRISES, LLC

(Name of the Limited Linklifer Company on it was

(A Florida Limited I	lability Company)	rus.
The Articles of Organization for this Limited Liability Company Florida document number L09000098992	were filed on 10/14/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1900 N Bayshore Dr.	7 S 20
(Principal office address MUST BE A STREET ADDRESS)	Apt. 1612	
	Miami, FL 33132	
Enter new mailing address, if applicable:	1900 N Bayshore Dr.	SSEE IN SEED IN
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 1612 Miami, FL 33132	<u>ο</u> <u>φ</u> <u>σ</u> <u>ω</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		
	, Flo	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i	

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

MF Corporate Services Int

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Title</u> Name Address 1800 N BAYSHORE DR MGR CORTEZ, CARLOS T **Suite 3310** Remove MIAMI, FL 33132 1900 N Bayshore Dr. Mayz, Alicia MGR Apt. #1612 Remove Miami, FL 33132 Remove Add_ Remove

n 26 13 12:41p	MF Corporate Services Int		3058566122	p.5
Dated 26th of June	f June	2013 . \	<i>[</i> :	
	Signature of a	a member or authorized	representative of a member	
	<u> </u>			
	·	Carlos Co	rtez	

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