

L10000043961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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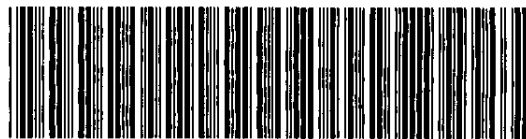
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 18 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2013

HUBERT MENENDEZ  
ALVAREZ, CARBONELL, FELTMAN  
2100 PONCE DE LEON BLVD, STE 800  
CORAL GABLES, FL 33134

SUBJECT: ALVAREZ, CARBONELL, FELTMAN, JIMENEZ, & GOMEZ, LLC  
Ref. Number: L10000043961

We have received your document for ALVAREZ, CARBONELL, FELTMAN, JIMENEZ, & GOMEZ, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 713A00005966

STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR 15 AM 8:42

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TO: Registration Section  
Division of Corporations

SUBJECT: ALVAREZ, CARBONELL, FELTMAN, JIMENEZ, & GOMEZ, 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:

**HUBERT MENENDEZ**

Name of Person

**ALVAREZ, CARBONELL, FELTMAN, JIMENEZ & GOMEZ, LLC**

Firm/Company

**2100 PONCE DE LEON BLVD, SUITE 800**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**HMENENDEZ@ACGLEAL.COM**

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

For further information concerning this matter, please call:

**HUBERT MENENDEZ**

Name of Person

at ( **305** ) **283-7827**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALVAREZ, CARBONELL, FELTMAN, JIMENEZ, & GOMEZ, 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 04/23/2010 and assigned  
Florida document number L10000043961.

This amendment is submitted to amend the following:

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

ALVAREZ, CARBONELL, FELTMAN, & DA SILVA, LLC

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)

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TALLAHASSEE, FLORIDA

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALVAREZ, CARBONELL, FELTMAN, JIMENEZ, & GOMEZ, 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:

**HUBERT MENENDEZ**

Name of Person

ALVAREZ, CARBONELL, FELTMAN, JIMENEZ & GOMEZ, LLC

Firm/Company

2100 PONCE DE LEON BLVD, SUITE 800

Address

CORAL GABLES, FL 33134

City/State and Zip Code

HMENENDEZ@ACGLEAL.COM

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

For further information concerning this matter, please call:

**HUBERT MENENDEZ**

Name of Person

at **305 283-7827**

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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Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
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SECRETARY OF STATE  
TELEPHONE RECORDS

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

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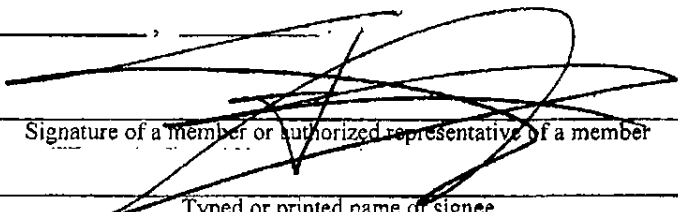
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Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA