

L10000045537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

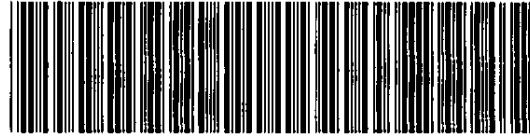
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2010 SEP 30 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

C. LEWIS
OCT 1 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Camille&Miguel 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:

Miguel Aban

Name of Person

De Limin Cafe

Firm/Company

14016 7th St.

Address

Dade City, FL.33525

City/State and Zip Code

maban2@tampabay.rr.com

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

For further information concerning this matter, please call:

Miguel Aban

Name of Person

at (352)

245-4350

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 SEP 30 PM 12:56

Camille & Miguel LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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 04/28/2010 and assigned
Florida document number L10000045537

This amendment is submitted to amend the following:

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

Miguel 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:

14016 7th St.

(Principal office address MUST BE A STREET ADDRESS)

Dade City, Fl. 33525

Enter new mailing address, if applicable:

14012 7th St.

(Mailing address MAY BE A POST OFFICE BOX)

Dade City, Fl 33525

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:

Miguel M. Aban

New Registered Office Address:

14016 7th St.

Enter Florida street address

Dade City

Florida

33525

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

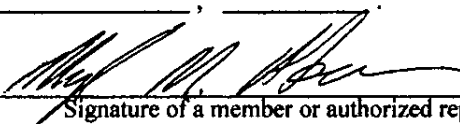
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---|--|
| MGRM | Camille Choute | 2132 Red LEAF DR. BRANDON FL 33510 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR M | Marie M. Aban | 16550 Oxenham Avenue Spring Hill, FL 34610 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Miguel M. Aban | 16550 Oxenham Avenue Spring Hill, FL 34610 | <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 |

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

Remove Camille Choute FROM
LLC Document

Dated _____



Signature of a member or authorized representative of a member

Miguel M. Aban

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA