

L100000103798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

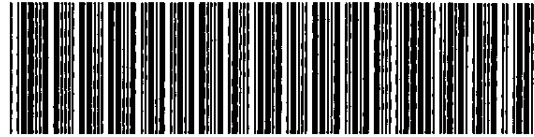
A

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APR - 4 2012

EXAMINER



600226979026

04/02/12--01011--027 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR - 2 AM 8:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPA INVESTMENTS LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 AM 8:24

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS A. CASTRO

Name of Person

CAPA INVESTMENTS LLC

Firm/Company

175 SW 7TH STREET SUITE 2020

Address

MIAMI FL 33130

City/State and Zip Code

avelez@midtown-realty.com

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

For further information concerning this matter, please call:

ALEJANDRO VELEZ

Name of Person

at (305)

961-1115

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**

CAPA INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 AM 8:24

The Articles of Organization for this Limited Liability Company were filed on 10/04/2010 and assigned
Florida document number L10000103798.

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)

175 SW 7TH STREET SUITE 2020

MIAMI FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

175 SW 7TH STREET SUITE 2020

MIAMI FL 33130

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:

175 SW 7TH STREET SUITE 2020

Enter Florida street address

MIAMI

City

, Florida

33130

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	PARRA REYNA, ELBA M	175 SW 7TH ST SUITE 2020 MIAMI FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ORREGO, ANA M.	175 SW 7TH ST SUITE 2020 MIAMI FL 33130	<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

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

Dated December 31, 2011.

Carlos A. Castro

Signature of a member or authorized representative of a member

CARLOS A. CASTRO MAZO

Typed or printed name of signee