

L10000106605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 28 2011

EXAMINER



600209355026

06/27/11--01005--013 **60.00

FILED
11 JUN 27 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAYRECASTEI, 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:

Julio C. Cavero, Esq.

Name of Person

Cavero & Associates, P.A.

Firm/Company

815 Ponce de Leon Blvd. - Ste. 206

Address

Coral Gables, Florida 33134

City/State and Zip Code

caverojulio@yahoo.com

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

For further information concerning this matter, please call:

Jacque Cayrecastel

Name of Person

at (011)

33 5 65211874

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**

CAYRECASTEL, 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 October 12, 2010 and assigned
Florida document number L10000106605.

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)

800 West Avenue

Apt. 415

Miami Beach, Florida 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 West Avenue

Apt. 415

Miami Beach, Florida 33139

FILED
11 JUN 27 PM 2:01
TALLAHASSEE, FLORIDA
CLERK OF STATE

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:

Julio C. Cavero, Esq.

New Registered Office Address:

815 Ponce de Leon Blvd. - Ste. 206

Enter Florida street address

Coral Gables

Florida

33134

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>
MGR	Damien Cayrecastel	650 Pennsylvania Avenue	<input type="checkbox"/> Add
		Apt 28	<input checked="" type="checkbox"/> Remove
		Miami Beach, Florida 33139	
MGR	Thierry Cayrecastel	08 rue des Tilleuls	<input checked="" type="checkbox"/> Add
		Auterive, France 31190	<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 _____

Signature of a member or authorized representative of a member

Thierry Cayrecastel

Typed or printed name of signee