# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (350) 617-6393

From:

Account Name : ACCOUTANT & BUSINESS CONSULTANTS INC

Account Number : IC0110000083 Phone : (305)705-7922 Fax Number : (786)353-0976

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KELUCHA, LLC

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Corporate Filing Menu

Help

B. BOSTICK

JUL - 5 2012

EXAMINER

7/2/2012

### **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	KEL	UCHA, LLC			
	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Name of Person			
Finn/Company					
	300 ARAGON AVE STE 360				
		Address			
	CORAL GABLES, FL 33134				
City/State and Zip Code				Eign →	
INFO@DCCACCOUNTING.COM					
		(to be used for future annual repo	rt notification)	2 JUL -3	
For further information	concerning this matter, please	call;		3 ASSI	in the second
VAN	IESSA DURAN	at ( 305 )	705 7922		T
VANESSA DURAN  at ( 305 ) 705 7922  Name of Person Area Code & Daytime Telephone Number		Daytime Telephone Number	2: 09 STATE LORID	¥	
				~ 점점	
Enclosed is a check for	the following amount:			×	
✓ S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified (	of Status &	)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	CHA, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Compa	ny were filed on	10₫ □2010	and assigned		
Florida document number -L1900010 -L1900000 -L1900000 -L1900000 -L1900000 -L19000000 -L19000000 -L19000000 -L190000000 -L190000000 -L190000000 -L19000000000000000 -L19000000000000000000000000000000000000					
Florida document number	Ś				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :			
The new name must be distinguishable and end with the words "L. L.C."	imited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			· ( 한 년)		
			ET TO THE PARTY OF		
Enter new mailing address, if applicable:			ည်း မ		
(Mailing address MAY BE A POST OFFICE BOX)					
·			- N		
			) Res		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ur r <b>ec</b> or <b>d</b> s, <u>enter t</u>	tre-name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida street address					
		, Florida	la		
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Age	nt:				

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

MGR = Manager MGRM = Managing Member

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:

<u>Title</u>	Name	Address	Type of Action	
MGRM	EMMA CAMARGO	110 SIDONIA AVE ADT 16 CORAL GABLES, FL 33134	Add ☑ Remove	
MGRM_	VANESSA DURAN	31.SE 5TH ST AUT 3204 MIAMI, FL 33131	Add Remove	
			Add Remove	
	·		Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	, <del>-</del>	
			— <u>1</u>	
Dated	Ma	12 De Jalor	-3 AM 2: 09 ANY SESTATE ASSECT FLORIDA	
	MAF	or audiorized representative of a member	NIDA	
	Typed	or printed name of signee		
		VOCA I AT I		

Filing Fee: \$25.00

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July 3, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KELUCHA, LLC 300 ARAGON AVE., SUITE 360 CORAL GABLES, FL 33134

SUBJECT: KELUCHA, LLC REF: L10000108418

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an 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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H12000173784 Letter Number: 512A00017950

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