

LI 0000125272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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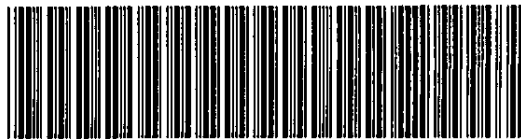
(Business Entity Name)

(Document Number)

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11 SEP 29 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 30 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUIS CARDENAS**  
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:

**LUIS CARDENAS**

Name of Person

**LUIS CARDENAS, LLC**

Firm/Company

**5865 BELVEDERE RD.**

Address

**WEST PALM BEACH, FL 33413**

City/State and Zip Code

**fannycardenas@bellsouth.net**

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

For further information concerning this matter, please call:

**FANNY CARDENAS**

Name of Person

at ( 561 )

**358-7138**

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

TO  
ARTICLES OF ORGANIZATION  
OF

LUIS CARDENAS LLC

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on

12/07/2010

and assigned

Florida document number L10000125272

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:

5865 BELVEDERE RD.

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33413

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:

FANNY P. CARDENAS

New Registered Office Address:

5865 BELVEDERE RD.

*Enter Florida street address*

WEST PALM BEACH

Florida

33413

*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.

FANNY P. CARDENAS  
If Changing Registered Agent, Signature of New Registered Agent

~~DO NOT WRITE IN THESE SPACES OR REMOVE FROM THE RECORDS.~~

MGR = Manager

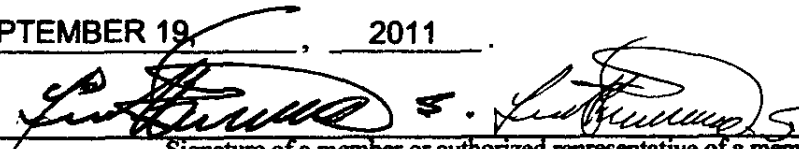
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FANNY P. CARDENAS	5865 BELVEDERE RD. WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 19, 2011.

  
Signature of a member or authorized representative of a member

LUIS CARDENAS

Typed or printed name of signee

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