

**L11000064345**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2011 NOV 18 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 21 2011

EXAMINER



November 14, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327 Clifton Building  
Tallahassee, FL 32314

RE: Document # L11000064345

To Whom It May Concern:

By way of this correspondence we advise the Registration Section of the Division of Corporation that we wish to change the name of our organization from Cinergia Latina Group, LLC. To Cinergia Companies, LLC. As such, enclosed are the required forms to amend the Articles of Organization pursuant to Florida Statutes.

Please review our submission and contact Gustavo Santos 305-804-8267 at your earliest convenience should you require further information regarding our request.

Thank you in advance for your assistance and attention to this matter.

Sincerely,

Gema Lopez  
President  
Cinergia Latina Group, LLC.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cinergia Latina Group, 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:

**Gema Lopez**

Name of Person

**Cinergia Companies**

Firm/Company

**8740 SW 181 Ter.**

Address

**Miami, FL 33157**

City/State and Zip Code

**gema@cinergiacompanies.com**

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

For further information concerning this matter, please call:

**Gustavo Santos**

Name of Person

at ( **305** )

**804-8267**

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**

**Cinergia Latina Group, LLC.**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/02/2011 and assigned  
Florida document number L11000064345.

This amendment is submitted to amend the following:

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

Cinergia Companies, 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:**

**(Principal office address MUST BE A STREET ADDRESS)**

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

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_

*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>
_____	_____	_____	<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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated NOVEMBER 14, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Gema Lopez  
\_\_\_\_\_  
Typed or printed name of signee