

L110000064763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

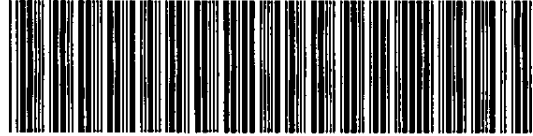
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270039077

03/10/15--01023--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 AM 9:35

Amend
10 3/27/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CLAROVAMON 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:

MONICA M. PARRILLA GARCIA

Name of Person

CLAROVAMON LLC

Firm/Company

C/O 2208 SW 8 STREET

Address

MIAMI, FL 33135

City/State and Zip Code

flmultiservices@yahoo.com

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

For further information concerning this matter, please call:

MOINICA M. PARRILLA GARCIA

305 631-6666

Name of Person

at (_____) _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR 10 AM 9:35

CLAROVAMON 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 06/02/2011 and assigned
Florida document number L11000064763.

This amendment is submitted to amend the following:

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

N/A

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:

2208 SW 8th STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33135

Enter new mailing address, if applicable:

2208 SW 8th STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33135

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:

FLORIDA MULTISERVICES, INC.

New Registered Office Address:

2208 SW 8th STREET

Enter Florida street address

MIAMI

City

Florida 33135

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 605, 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.

Debra M. Smith, President of Florida MultiServices Inc.
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

THERE IS NO CHANGE IN THE PRESENT MEMBERS, WHICH ARE:

CLAUDIO G. POGGIO LLOVEDA, MGR

MONICA M. PARRILLA GARCIA, MGR

THEIR MAILING ADDRESS IS:

2208 SW 8th STREET, MIAMI, FL 33135

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 03/02/2015



Signature of a member or authorized representative of a member

MONICA M. PARRILLA GARCIA, MGR

Typed or printed name of signee