L11000084293

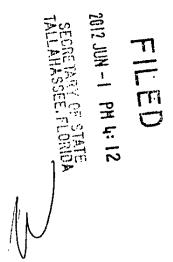
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates of Status			
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J. BRYAN

JUN - 4 2012

EXAMINER

COVER LETTER

Division of Co			•	
SUBJECT:	CA	ALEL, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		JAQUI LEVY HARA		
		Name of Person		
	 	Firm/Company		
	2090	00 NE 30th Ave Suite 603	SECRETARY OF STATE TALLAHASSEE, FLORID	
		Address	S. S. T.	FILE
		Aventura, FL 33180 City/State and Zip Code	——————————————————————————————————————	C
	JAQU E-mail address: (IIGRUZ@HOTMAIL.COM to be used for future annual report notif	ication)	
For further information	concerning this matter, please	call:	**	
	QUI LEVY HARA	at (<u></u>)	917-7673	
Name	e of Person	Area Code & Daytim	e 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)	
	LING ADDRESS:	STREET/COURI		

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2012

JAQUI LEVY HARA 20900 NE 30TH AVE SUITE 603 AVENTURA, FL 33180

SUBJECT: CALEL, LLC

Ref. Number: L11000084293



We have received your document for CALEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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.

Joey Bryan Regulatory Specialist II

Letter Number: 812A00015274

RECEIVED
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YJ.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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07/22/2011	_ and assigned
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) <u>e</u> _ F	pany," the designation "LLG our records, enter the

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 **Type of Action** <u>Address</u> Title -<u>Name</u> VACAREZZA, ANDRES MGR 20900 NE 30th Ave Suite 603 ☐ Add Aventura, FL 33180, USA ✓ Remove BORIANO, SILVIA MGR 20900 NE 30th Ave Suite 603 Aventura FL 33180 USA ☐ Add ☐ Remove Remove □Add Remove $\prod Add$ 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 JÁQUI LEVY HARA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00