

L110000 89610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

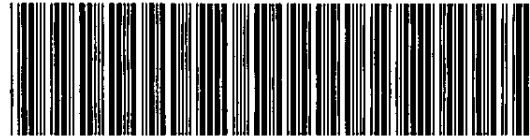
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267309557

12/11/14--01008--004 **25.00

~~12/11/14~~ DEC 17 2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 11 AM 10:59

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Clarero Design 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:

Joidy Clarero
Name of Person

Firm/Company

109 Ambersweet way Suite 139
Address

Davenport FL 33897
City/State and Zip Code

Joidy.clavero@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joidy Clavero at (321) 527-4361
Name of Person 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

Clavero Design 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 8-3-2011 and assigned Florida document number L11000089610.

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:

(Principal office address MUST BE A STREET ADDRESS)

216 Orchid Dr
Davenport FL 33897

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:

Joidy Clavero

New Registered Office Address:

216 Orchid Dr Davenport
Enter Florida street address
Davenport, Florida
City

FILED
14 DEC 11 9:10 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33897
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.

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> |
|--------------|-------------------------|--|--|
| AMBR | Leandro Pena Asen | 1530 Sw 11st Miami Fl 33135 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Hector Y. Clavero | 639 Caribbean Dr Davenport Fl 33897 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| AS | Juan I Alvarez | 352 Brunelo Dr Davenport Fl 33897 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| S | Rafael Nieves Jr | 2195 West Martin St. Kissimmee Fl 34741 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| AMBR | Jaziel E. Montes De Oca | 216 Orchid Dr Davenport Fl 33897 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

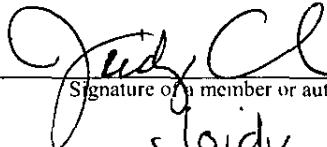
FILED
 14 DEC 11 AM 10:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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 12/9/14



Signature of a member or authorized representative of a member

Joidy Clavero

Typed or printed name of signee

FILED
14 DEC 11 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA