

#L11000109380

(Requestor's Name)

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(City/State/Zip/Phone #)

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12 MAR -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 12 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C.I. CAMARO 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:

Suely Oliveira

Name of Person

Tax Place

Firm/Company

1660 W Hillsboro Blvd

Address

Deerfield Beach, FL 33442

City/State and Zip Code

CICAMAROLLC@GMAIL.COM

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

For further information concerning this matter, please call:

LINA M ARANGO

Name of Person

at (**561**)

287-1104

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**

C.I. CAMARO LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/23/2011 and assigned
Florida document number L11000109380.

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)

2335 NW 107TH AVE STE # 1M22

MIAMI, FL 33172-2165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2335 NW 107TH AVE STE # 1M22

MIAMI, FL 33172-2165

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:

LINA M ARANGO

New Registered Office Address:

5630 WELLESLEY PARK DRIVE APT 202

Enter Florida street address

BOCA RATON

, Florida

33433

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.

X 
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>
MGRM	LINA M ARANGO	5630 WELLESLEY PARK DRIVE APT 202 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGM	JORGE A DUQUE	5630 WELLESLEY PARK DRIVE APT 202 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<i>estrado</i> R. Agent	CARLOS H ZAPATA	5300 NE 24TH TERRACE APT 108C FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Add <input checked="" 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.)

PLEASE REMOVE REGISTERED AGENT:

CARLOS H ZAPATA

5300 NE 24TH TERRACE APT 108C FORT LAUDERDALE

Dated MARCH 05, 2012

x [Signature]

Signature of a member or authorized representative of a member

LINA M ARANGO

Typed or printed name of signee