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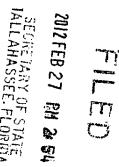
EXAMINER

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COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

	, Registration Se Division of Cor					
SUBJEC	T:	CORPORACIO	ON DEPINOZ CA, LLO			
2020						
			LILY AMADOR			
			Name of Person			
		SHO	MAR ACCOUTNING, PA			
			Firm/Company			
			7777 NW 146TH ST		201	
			Address		7.7E	Th
		MI	CORPORACION DEPINOZ CA, LLC Name of Limited Liability Company Tent and fee(s) are submitted for filing. Concerning this matter to the following: LILY AMADOR Name of Person SHOMAR ACCOUTNING, PA Firm/Company 7777 NW 146TH ST Address MIAMI LAKES, FL 33016 City/State and Zip Code LILY SHOMARACCOUNTING.COM E-mail address: (to be used for future annual report notification) g this matter, please call: DOR at (305) 825-1123 Area Code & Daytime Telephone Number ling amount: 00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
		LILY@SI E-mail address: (HOMARACCOUNTING.C	OM diffication)	OF STATE	
For furthe	er information c	oncerning this matter, please of	eall:			
		Y AMADOR	at (305)			
Name of Person		Area Code & Dayt	ime Telephone Number			
Enclosed	is a check for th	ne following amount:		: ·		
\$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate Certified C	of Status & Copy	
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COUI Registration Sec Division of Corp Clifton Building	orations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPORACION DEP	NOZ CA,	LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabili	ty Company)			
The Articles of Organization for this Limited Liability Company were	filed on	02/15/2012	and assigne	d
Florida document numberL12000022460				
		: .		
This amendment is submitted to amend the following:		:	•	
A. If amending name, enter the new name of the limited liability o	ompany here	;		
CORPORACION DESPIN	NOZ CA, LL	С		
The new name must be distinguishable and end with the words "Limited Li" L.L.C."	ability Compan	y," the designation "	LLC" or the abbre	viation
Enter new principal offices address, if applicable:	·		3. Z	
(Principal office address MUST BE A STREET ADDRESS)			12 EC	
; 			EB 2	
			SEE.	3700.13
Enter new mailing address, if applicable:		· · · · · ·		
Mailing address MAY BE A POST OFFICE BOX			.0H N	(_
			कृतः भूष	_
 If amending the registered agent and/or registered office ac egistered agent and/or the new registered office address here: 	ddress on ou	r records, <u>enter 1</u>	the name of the	<u>new</u>
Name of New Registered Agent:				u mu
New Registered Office Address:	P*			<u> </u>
	Ente	r Florida street ada	tress	
City		, Florida	7in 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:

<u>le</u>	<u>Name</u>	Address		Type of Actio
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f amendi	ing any other information, enter ch	nange(s) here: (Attach additional s	heets, if necessary.)	
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	1./22/12		:	_
d_ <u>**</u>	2/22/12 ,		:	-
d_ <u>*</u>	2/22/12 X Signature of a mer	aber or authorized representative of a	member	-

Page 2 of 2

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