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SECRETARY OF SINTEDIVISION OF CORPERATION

C. LEWIS

NOV 1 3 2012

EXAMINER

COVER LETTER

, 3,,

TO:	Registration Section Division of Corporations	
SUBJ	Carrioca 5 LLC	
5015	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	R. MARK BERTOCCI	
	Splash Rezlty Firm/Company	
	The track &	
	410 Mendian Ave Siste 10	1
	Mizmi Beach F 33139 City/State and Zip Code	
	City/State and Zip Code MOERTOCIO SMAIL. Com E-mail address: (to be used for future annual report notification)	•
For fu	ther information concerning this matter, please call:	
	MARK Bertocci at 786, 371, 3036 Name of Person Area Code & Daytime Telephone Number	
	ted is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	i)
	MAILING ADDRESS: SPREET/COURIER ADDRESS:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
SECRETARY OF STATES
DIVISION OF CORFORATIONS

2日 NOV -9 PM 3:39

Cariocas. 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 Compar				
Florida document number <u>L120000 335</u>	21			
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 "Lir "L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	410 Meridian Ave			
(Principal office address MUST BE A STREET ADDRESS)	Suite 101			
	Mism Seach F 33139			
Enter new mailing address, if applicable:	410 Mendian Ave			
(Mailing address MAY BE A POST OFFICE BOX)	5vite 101			
	Mismi Beach Fi 33139			
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:	Richard Mark Bertocci.			
New Registered Office Address:	410 Meridian Ave Svite 101			
۸.	Enter Florida street address			
MISM	City, Florida 33/39 Zip Code			
N. B. L. J. A. O				

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 Title **Type of Action Address** Remove Remove MGRM Luciena Parrero Remove Remove Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	0/2
Dated	Nov8 , 2012
	Signature of a member or authorized representative of a member Richzud Mzuk B ELT O CC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE OF VISION OF CORPORATION