Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000211889 3)))



	Division of Corporations	- SSA SSA	#IIC 20 
	Fax Number : (850)617-6383		
	Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	TATE	<del>ც</del> 38
	address for this business entity to be used for t mailings. Enter only one email address please.		
Email Addres	B:	<del></del>	

Certificate of Status	0
Certified Copy Page Count	0
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

C. LEWIS 2105 0 E DUA Help

EXAMINER



August 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAEDGU, LLC 16919 N BAY ROAD UNIT 118 SUNNY ISLES, FL 33160US

SUBJECT: CAEDGU, LLC REF: L12000067633

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II FAX Aud. #: H12000211889 Letter Number: 812A00021804

P.O BOX 6327 - Tallahassee, Florida 32314

412000211889

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	i. Cere	CAE	DGU, LLC	
CODO			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Leonardo F. Brito	
			Name of Person	
		Flori	da Law Title & Trust PLC	
			Firm/Company	
			1548 Brickell Avenue	
			Address	
			Miaml, FL 33129	
			City/State and Zip Code	· ,
		LBri	to@BritoLawGroup.com	
			to be used for future annual report notific	ation)
For fur	ther information	concerning this matter, please of	call:	
	_ Lea	nardo F. Brito		3224097
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>525</b>	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	.ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ntions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 AUG 29 AM 8: 38

SEURETARY OF STATE TALLAHASSEE, FLORIDA

	GU, LLC		—
(Name of the Limited Liability Com (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)	-
The Articles of Organization for this Limited Liability Compa	any were filed on	05/18/2012	and assigned
Florida document number <u>L12000067633</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited i	iability company he	īē:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Comp	any," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
			<del>-</del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		our records, enter th	e name of the new
Name of New Registered Agent:			• •
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co- accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	mplete performance as provided for in C	e of my duties, and I ar Chapter 608, F.S. Or, i	n familiar with and f this document is

PZ:ZT Z10Z/6Z/80

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

H120002/1889.

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	Name	Address	Type of Action
MGR	GRECO, NESTER E	16919 N. BAY ROAD UNIT 118 SUNNY ISLES FL 33160	Add  Remove
MGR_	GRECO, NESTOR E	16919 N. BAY ROAD UNIT 118 SUNNY ISLES FL 33160	Add Remove
	. <u> </u>		Add Remove
**************************************	<del></del>		Add Remove
	······································		Add Remove
**			Add
D. Ham	ending any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.)
			12 AI SEUS TALLA
Dated	Aug. 29 .	2012	FILED  12 AUG 29 AM 1  SECKETANY OF S ALLAHASSEE, FL
	Signature of a	member or authorized representative of a member	8: 38 STATE
	No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Leonardo F, Brito Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00

EMBIBE COBB KIT