

#L12000082268

(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



700236919867

06/29/12--01020--003 \*\*55.00

FILED  
12 JUN 29 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 3 - 2012

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CLIPPER ENTERPRISE INTERNATIONAL 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:

ERIKA RODRIGUEZ

Name of Person

TAX ACCOUNTING & FINANACIAL EXPERTS INC

Firm/Company

20900 NE 30TH AVE SUITE 819

Address

AVENTURA FL 33180

City/State and Zip Code

EPUKA76@AOL.COM

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

For further information concerning this matter, please call:

ERIKA RODRIGUEZ

Name of Person

at ( 305 )

438 7671

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**

**CLIPPER ENTERPRISE INTERNATIONAL LLC**

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

FILED  
12 JUN 29 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/21/2012 and assigned  
Florida document number L12000082268.

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)**

1523 NW 165 ST, SUITE A,

MIAMI, FL 33169

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1523 NW 165 ST, SUITE A,

MIAMI, FL 33169

**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:

New Registered Office Address:

*Enter Florida street address*

, Florida

*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.*

**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

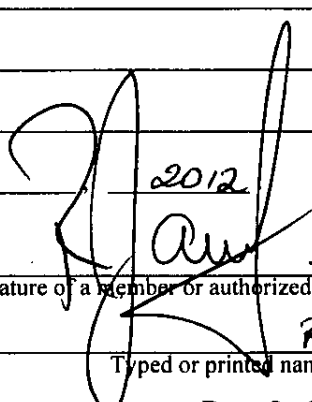
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>                                   | <u>Type of Action</u>                                                      |
|--------------|---------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | ROBERTO NEVES       | 20900 NE 30TH AVE SUITE 819<br>AVENTURA FL 33180 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | MARIA DA GAMA NEVES | 20900 NE 30TH AVE SUITE 819<br>AVENTURA FL 33180 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 26 2012



Signature of a member or authorized representative of a member

ROBERTO NEVES

Typed or printed name of signee