

09/18/2013 15:05
9/18/13

L12000102346

3041 811

ADAM GALLINAR
Division of Corporations

PAGE 01/05

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H13000207849 3)))



H130002078493ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.
Account Number : I20000000205
Phone : (305) 416-6800
Fax Number : (305) 416-6811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

13 SEP 18 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A.C.A.O. LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 18 AM 10:13

FILED

COVER LETTER

(((H13000207849 3)))

TO: Registration Section
Division of Corporations

SUBJECT: A.C.A.O., 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:

Diane M. Hernandez

Name of Person

Adams Gallinar, P.A.

Firm/Company

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City/State and Zip Code

dhernandez@agilaw.com

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

For further information concerning this matter, please call:

Diane M. Hernandez

Name of Person

at 305 416-6800

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

RECEIVED
TALLAHASSEE, FL 32301

2013 SEP 16 AM 10:13

FILED

(((H13000207849 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H13000207849 3)))

A.C.A.O., 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 Company were filed on 08/08/2012 and assigned
Florida document number L12000102346

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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: (((H13000207849 3)))

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Bilbao, LLC	1000 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Miami, Florida 33131	
MGR	Adriana Ortiz	Calle 70 #14-09	<input type="checkbox"/> Add
		OF 502	<input checked="" type="checkbox"/> Remove
		Bogota, Colombia	
MGR	Catalina Ortiz	Calle 70 #14-09	<input type="checkbox"/> Add
		OF 502	<input checked="" type="checkbox"/> Remove
		Bogota, Colombia	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
2013 SEP 17
AM 10:13
ALLAHASSEE, FLORIDA

(((H13000207849 3)))

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

Dated September 1, 2013



Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 18 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(((H13000207849 3)))