## L12000127248

| ; (Re                   | equestor's Name   |              |
|-------------------------|-------------------|--------------|
| . (Ad                   | ldress)           | ·            |
| , (Ad                   | Idress)           |              |
| (Cit                    | ty/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | ısiness Entity Na | me)          |
| (Do                     | ocument Number    | )            |
| Certified Copies        | Certificate       | es of Status |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |

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2013 JAN | 4 PM 3: 54
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

JAN 15 **2013** J. BRYAN

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | ction<br>porations                          |  |   |  |
|--|---|--|---|--|
|  | Clapa L                                     | . <b>(.C</b>   |   |  |
| SUBJECT:                                 | Name of Limi                                | Name of Limited Liability Company                                  |   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub                | omitted for filing.  |   |  |
| Please return all correspon              | ndence concerning this matter               | to the following:  |   |  |
|  |   | Sé O. Romero Name of Person  | 2013 JAN<br>SECRE<br>TALLA  |  |
|  |   | Firm/Company   | PILED 2013 JAN 14 PH 3: 54 SECRETARY OF STATE TALLAHASSEE. FLORID                         |  |
|  | 663   | Fellowship Dr.   | 3: 54<br>STATE<br>LORIDA  |  |
|  | Casselbe                                    | Fellouship Dr.  Address  Erry FC 32730  City/State and Zip Code    | <del></del>   |  |
|  |   | o be used for future annual report notificat                       | ion)  |  |
| ١  | ). Romero Person                            | all:<br>at ( <u>407)</u> 535. 7250<br>Area Code & Daytime To       | 5 - 321.946.7233<br>elephone Number   |  |
| Enclosed is a check for the              | e 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

| Clapa  | LLC  |   |
|--|--|---|
| (Name of the Limited Liabi<br>(A Florid  | ity Company as it now appears (<br>la Limited Liability Company) | on our records.)                              |
| The Articles of Organization for this Limited Liability Florida document number <u>しんみめり</u> マラン   | Company were filed on  | 1/8/2013 and assigned                         |
| This amendment is submitted to amend the following:  | :  |   |
| A. If amending name, enter the new name of the li  | mited liability company here:                                    |   |
| The new name must be distinguishable and end with the v "L.L.C."                                   | words "Limited Liability Company                                 | "," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  | ECR T   |
| (Principal office address MUST BE A STREET AD  | DRESS)   | 五二二二  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)            |  | PH 3: 54 SEE. FLORIDA                         |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac |  | r records, <u>enter the name of the new</u>   |
| 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name                            | Address                                  | Type of Action |
|--------------|---------------------------------|--|----------------|
| 46R          | Luis Alberto Romero<br>Avanibar | 663 Fellowship Dr                        | Add            |
|              | Avanibor                        | 663 Fellowship Dr<br>Casel bem, FC 32730 | Remove         |
|              | <del></del>                     |  | Add            |
|              |                                 |  | Remove         |
|              |                                 | ALL                                      | ****           |
|              |                                 | LLAHASSEE. F.ORIO                        | Remove         |
|              |                                 |  | PH 3: FF Add   |
|              |                                 |  | Remove         |
|              | ·<br>                           |  | Add            |
|              |                                 |  | Remove         |
|              |                                 |  | Add            |
|              |                                 |  | Remove         |

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
|          |   |
|          |   |
|          |   |
| •        |   |
|          |   |
| Dated    | 1/8/2013  |
|          |   |
|          | Signature of a member or mathorized representative of a member                                |
|          | L/Jose O. Homero  |
|          | Typed or printed name of signee   |
|          | Page 3 of 3   |
|          | Filing Fee: \$25.00   |

SECRETARY OF STATE