L1200147170

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2012 DEC 13 AN ID: 36 SECRETARY OF STATE

DEC 14 20VA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CESA-R 7071ED CONSTRUCTION LCC 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:
CESAR TORRES Name of Person
Firm/Company
22529 SW 6644 Ave 9/3/2
City/State and Zip Code Cesar torres 62@ hot made com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 506 120 4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status & Certificate Opy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 3, 2012

CESAR TORRES 22529 SW 66TH AVENUE SUITE 312 BOCA RATON, FL 33428

SUBJECT: CESAR TORRES CONSTRUCTION, LLC

Ref. Number: L12000147170

We have received your document for CESAR TORRES CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 212A00028614

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

17

2012 DEC 13 AH 10: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Nou 22/12 Florida document number _ 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

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>	Address	Type of Action
P.	CESAR TOPPLES	22529 SW 66+h AK	Add
		opt 312 Boca Raton	Remove
		F1, 33428	
VP	SUSANA TORRES	22524 SW 66+4 Ave	XAdd
		apt 312 Bour Reton	Remove
		P1, 33428	
<u> </u>	Johnnu Rodriguez	22529 SW 66+4 Ave	Add
·		opt 3/2 Boca Paton	Remove
		F1, 33428	_
			Add
			Remove
			_
			Add
			Remove
		·	Add
			Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
 ated <u>/ 7</u>	10-12
70	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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2012 DEC 13 AN IC 36
SECRETARY OF STATE