(Requestor's Name)	
(Address)	100242932831
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	12/31/1201013001 **55.00
(Document Number)	12/31/12-01013-001 **33.00
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	COVER LETTER
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SUBJECT:	TABACALERA G. MEJOCAL, LLC. Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return all	l correspondence concerning this matter to the following:
	JUAN CARLOS ALEXANDER Name of Person
	CAMROSE TRADING, INC. Firm/Company
	1221 NW 165th STREET Address
	MIAMI, FL 33169 City/State and Zip Code
	<u>E-mail address:</u> (to be used for future annual report notification) <u>E-mail address</u> :
For further info	rmation concerning this matter, please call:
JUAN	CARLOS ALEXANDER at (305) 591-1948 Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	heck for the following amount:
❑ \$25.00 Filin	ng Fee □\$30.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle   Tallahassee, FL 32301

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ARTI	CLES OF AMENDMENT	
	ТО	
ARTIC	LES OF ORGANIZATION	12
	QF	25年代21 12 DEC
	CALERA G. MENOCAL, LLC.	
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
	,	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>12/20</u>	12 and assigned
Florida document number <u>L 12 000 159</u>		r co
This amendment is submitted to amend the follow	ing.	
This uncolumnent is submitted to uncert the follow	ing.	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with t "L,L,C."	the words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC		
In uning undress MAT BEATOST OFFICE BC		
B. If amending the registered agent and/or	registered office address on our reco	ords onter the name of the new
registered agent and/or the new registered offic		rus, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Estar Elas	da street address
	Enter Flori	ua sireei aaaress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>	

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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:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGR	JUAN CARLOS AGUILAR	2650 SW 114th Ave	Add
		Miami, FL 33165	Remove
MGR	BRIAN GOOPER	200 PROGRESS DR	📈 Add
		RUSSELL SPRINGS, KY	Remove
		42642	
			Add
			Remove
			-
	<u> </u>		Add 2 Remove
			FLED MARY OF OF CORPO
			Remove
			Add
			Remove

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

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	1 1
Dated _	12/24/12.
	Circuit of a member
	Signature of a member or authorized representative of a member JUAN CARLOS ALEXANDER
	JUAN CARLOS ALEXANDER Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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