

L13000029827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

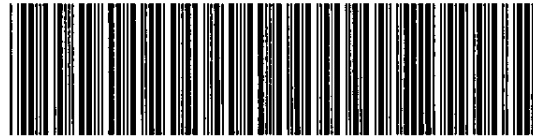
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001173
TRANSCRIPTION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cica 1106 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:

Maria L Menendez
Name of Person

Menendez Service Corp
Firm/Company

810 East 7 Ave
Address

Hialeah, FL 33010
City/State and Zip Code

maria.l.menendez@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria L. Menendez at (305) 885-3758
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 DEC 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 12, 2013

MARIA L MENENDEZ
MENENDEZ SERVICE CORP
810 E 7 AVE
HIALEAH, FL 33010

SUBJECT: CICA 1106, LLC
Ref. Number: L13000029827

We have received your document for CICA 1106, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 313A00026183

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

CICA 1106, 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 02/26/2013 assigned
Florida document number L 13000029827

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CLERK OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
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)

same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

same

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>
MGR	Alberdi Juan E	901 Ponce de Leon Blvd.	<input type="checkbox"/> Add
		Suite 603	<input checked="" type="checkbox"/> Remove
		Coral Gables FL 33134	
MGR	Cynthia Lilen Alberdi		<input checked="" type="checkbox"/> Add
		810 East 7 Ave	<input type="checkbox"/> Remove
		Hialeah, FL 33010	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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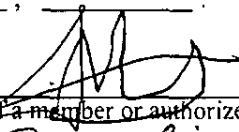
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 DEC 10 AM 8:43

FILED
Add
Remove

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

Dated _____,



Signature of a member or authorized representative of a member

Juan Emilio Alberdi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 DEC 10 AM 8:43
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TALLAHASSEE, FLORIDA