

L13000069475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

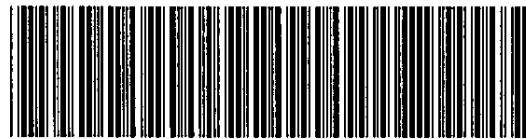
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 25 2013

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONTExCA, 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:

IVAN MONTERO
Name of Person

Firm/Company

8582 N.W. 70th
Address

DORAL, FLA. 33166
City/State and Zip Code

IVAN@MONTExCA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IVAN MONTERO at 305 718-4497
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 OCT 21 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MONTEx CA, 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 5/13/13 and assigned
Florida document number L13000069475

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)

8582 N.W. 70th
DORAL, FLA. 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8582 N.W. 70th
DORAL, FLA. 33166

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:

IVAN MONTERO

New Registered Office Address:

8582 N.W. 70th

Enter Florida street address

DORAL

City

, Florida

33166

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.

Ivan Montero

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:

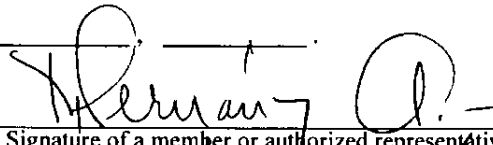
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IUAN Montero	8582 N.W. 70st.	<input checked="" type="checkbox"/> Add
		DORAL, FLA. 33166	<input type="checkbox"/> Remove
MGR	Ramon Hernandez	345 CAPE SABLE DR.	<input type="checkbox"/> Add
		ORLANDO, FLA. 32825	<input checked="" type="checkbox"/> Remove
MGR	HUASCAR Montero	8582 N.W. 70st.	<input checked="" type="checkbox"/> Add
		DORAL, FLA. 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 10/18/13



Signature of a member or authorized representative of a member

MGR - Ramon HERNANDEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00