

#L13000078716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200256605212

02/18/14--01055--004 \*\*375.00

FILED

2014 MAR 10 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAR 11 2014

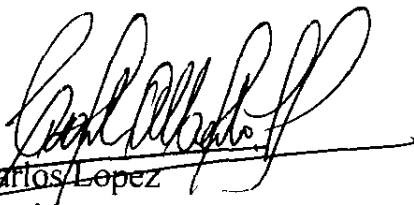
**ENCLAVE 302, LLC.**  
**10650 NW 29 TERRACE, DORAL, FL, 33172**

February 11, 2014

Document Number: L13000078716

Enclosed please find the Articles of Amendment for the above named corporation.

Should you have any questions please contact us at (305) 888-0146 Ext 318



Carlos Lopez  
President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2014

ENCLAVE 302, LLC.  
CARLOS LOPEZ  
10650 NW 29 TERR  
DORAL, FL 33172

SUBJECT: ENCLAVE 302 LLC  
Ref. Number: L13000078716

We have received your document for ENCLAVE 302 LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 114A00003793

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENCLAVE 302 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:

**JUAN CARLOS BRICENO**

Name of Person

Firm/Company

**10650 NW 29 TERRACE**

Address

**DORAL, FL, 33172**

City/State and Zip Code

**JCBRICENO@KOVERCO.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JUAN CARLOS BRICENO** at **(305) 888-0146**

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**

**ENCLAVE 302 LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2014 MAR 10 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/30/2013 and assigned  
Florida document number L13000078716.

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*

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BARLUISRI CORPORATION	1ST FL, YAMRAJ BLDG., PO BOX 875 ROAD TOWN	<input type="checkbox"/> Add
		TORTOLA BRITISH VIRGIN ISLAND	<input checked="" type="checkbox"/> Remove
AMBR	CARLOS ALBERTO LOPEZ	10650 NW 29 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL, 33172	<input type="checkbox"/> Remove
AMBR	SASHA ANDREINA BOLIVAR	10650 NW 29 TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL, 33172	<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.)

THE % OWNED BY THE MEMBERS IS AS FOLLOWS:

BARLUISRI CORPORATION 0 %

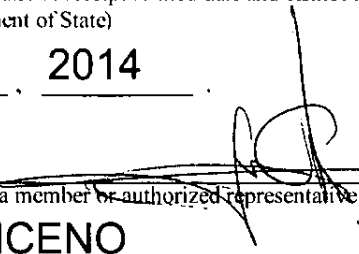
CARLOS ALBERTO LOPEZ 50%

SASHA ANDREINA BOLIVAR 50%

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 3, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JUAN CARLOS BRICENO

\_\_\_\_\_  
Typed or printed name of signee