

L13000 101622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

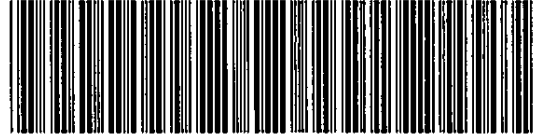
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TALLAHASSEE, FLORIDA

AUG 01 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 JUL 29 PM 2:51

July 5, 2016

CONACAR PROPERTIES LLC  
PO BOX 990396  
NAPLES, FL 34116

SUBJECT: CONACAR PROPERTIES LLC  
Ref. Number: L13000101622

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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We have received your document for CONACAR PROPERTIES 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 716A00014019

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

CONACAR PROPERTIES 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 7/17/2013 and assigned  
Florida document number L13000101622

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: ~~153 SANTA CLARA DR SUITE 7~~ 7552 BRISTOL CIR

(Principal office address MUST BE A STREET ADDRESS)

~~NAPLES FL 34104~~ 34116 34120

Enter new mailing address, if applicable: ~~153 SANTA CLARA DR SUITE 7~~ DO BOX 990396

(Mailing address MAY BE A POST OFFICE BOX)

~~NAPLES FL 34104~~ 34116

**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:

LAS AMERICAS NOTARY & TAX SERVICES

New Registered Office Address:

5290 GOLDEN GATE PKWY

Enter Florida street address

NAPLES

City

Florida 34116

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	JORGE G. RIVERO	<del>153 SANTA CLARA DR SUITE 7</del> P.O. Box 990396	<input type="checkbox"/> Add
		NAPLES FL <del>34104</del> 34116	<input type="checkbox"/> Remove
		<del>153 SANTA CLARA DR SUITE 7</del> P.O. Box 990393	<input checked="" type="checkbox"/> Change
MGRM	NATALIA M. RIVERO-CHIORIN	NAPLES FL <del>34104</del> 34116	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NATALIA M. RIVERO RESIGNES AND TRANSFERS ALL SHARES TO JORGE G. RIVERO AS

OF 1/1/2016

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated DECEMBER 16, 2015

Natalia M. Rivero

Signature of a member or authorized representative of a member

NATALIA M. RIVERO CHIORINO

Typed or printed name of signee