

L13000114629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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STATE OF TEXAS
CLERK OF THE COURT
JULIA A. GARCIA

2013 AUG 26 PM 1:47

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AUG 27 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CEAN 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:

EDUARDO PEREZ-OLIVE
Name of Person

CEAN LLC
Firm/Company

2609 COLLINS AVE
Address

MIAMI BEACH, FL 33140
City/State and Zip Code

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

For further information concerning this matter, please call:

EDUARDO PEREZ-OLIVE at (305) 799 3218
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

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DIVISION OF STATE
CORPORATIONS
JUL 26 2013

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

CEAN 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 08/14/13 and assigned
Florida document number L13000114629.

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 "LLC."

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)

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NOTARY PUBLIC
STATE OF FLORIDA
MY COM. EXPIRES 08/26/15

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 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	EDUARDO PEREZ-QUIVE	2609 COLLINS AVE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH	<input type="checkbox"/> Remove
		FL 33140	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Dated 08 / 15, 2013

EDUARDO PEREZ-OLIVE

Signature of a member or authorized representative of ~~the~~ debtor

EDUARDO PEREZ-OLIVE

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE
BANKRUPTCY COURT
MICHIGAN

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