

U17000177617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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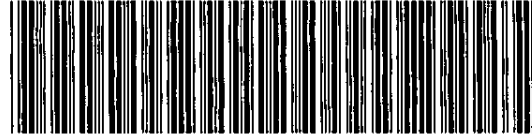
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIVERPOOL INTERNATIONAL INVESTMENTS 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:

LUZIA MARIA DE AGUIAR CAMARA

Name of Person

Firm/Company

1416 WEXFORD WAY

Address

DAVENPORT FL 33896

City/State and Zip Code

luzamara@gmail.com

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

For further information concerning this matter, please call:

LUZIA MARIA DE AGUIAR CAMAR

321 9486539

Name of Person

at (_____) _____
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**

LIVERPOOL INTERNATIONAL INVESTMENTS 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 09/23/2013 and assigned
Florida document number L13000133613.

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:

8615 Commodity Circle suite 11

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32819

Enter new mailing address, if applicable:

8615 Commodity Circle suite 11

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32819

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:

William P. Camara Jr.

New Registered Office Address:

8615 Commodity Circle suite 11

Enter Florida street address

Orlando

City

Florida

32819

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>
MGRM	LUZIA MARIA DE AGUIAF	1416 WEXFORD WAY	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33896	<input type="checkbox"/> Remove
MGRM	WILLIAM P. CAMARA JR.	1416 WEXFORD WAY	<input checked="" type="checkbox"/> Add
		DAVENPORT FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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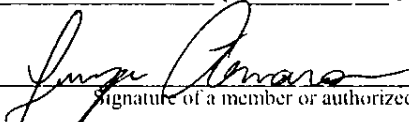
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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

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

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 APRIL 17TH 2015



Signature of a member or authorized representative of a member

LUZIA MARIA DE AGUIAR CAMARA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR 27 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA