## L14 0000 15700

(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



400256435254

02/07/14--01015--011 \*\*25.00

2011 JAN - 7 P 3 3 H

B. BOSTICK
FEB 10 2014
EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: CAPI	RING, LLC		
Schalett.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria Cruz		
		Name of Person	
	SAEZ & AS	SOCIATES	
		Firm/Company	
	777 BRICKE	ELL AVENUE, 11	10
	<del></del>	Address	
	MIAMI, FLO	RIDA	
		City/State and Zip Code	
	ADMIN2@SAEZ		13 U 8
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifiall:	cation)
MARIA cRI	JZ	at (305) 35800	28
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

CAPRING, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000016700</u>	were filed on 1/30/14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility 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)	14963 SW 75th Terrace, Miami, FL 33193
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	\ <u>\</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	[
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ree to act in this capacity. I further agree to comply wi performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

CAT

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ARTEAGA, CARLOS JOSE	14963 SW 75th Terrace, Miami, FL 33193	3 <b>≡</b> Add
			□ Remove
MGRM	DIAZ, EDDY	14963 SW 75th Terrace, Miami, FL 33193	Add
		<del></del>	Remove
			□ Remove
<del></del>			Add
			Remove
·*************************************			_D Add
			_
			_□ Add
		40003	_□ Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Article V
· -	The Purpose for which this Limited Liability Company is organized:
	ANY AND ALL LAWFUL BUSINESS
	ve date, if other than the date of filing:(optional)
	ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated .	January 31 2014
	Codos Artença
	Signature of a member or authorized representative of a member
	CARLOS JOSE ARTEAGA , Managing Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00