

L14000040372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

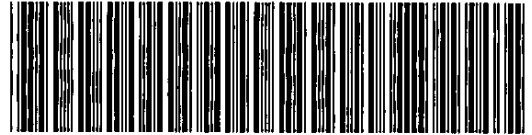
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14 JUL -9 PM 4:15  
TALLAHASSEE, FLORIDA

F. Burch JUL -9 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAP Real Estate Holdings, 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:

**Rene F. Leoncio**

Name of Person

**Leoncio & Associates, LLC.**

Firm/Company

**8302 Northwest 103rd Street, Suite # 106**

Address

**Hialeah Gardens, Florida 33016**

City/State and Zip Code

**rleoncio@bellsouth.net**

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

For further information concerning this matter, please call:

**Rene F. Leoncio**

Name of Person

at **305 558-1700**

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

CAP Real Estate Holdings, LLC.

The Articles of Organization for this Limited Liability Company were filed on 03/11/2014 and assigned Florida document number L14000040372.

**A. If amending name, enter the new name of the limited liability company here:**

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

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*Zip Code*

Page 1 of 3

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	Camilo Palacio	16485 Collins Avenue	<input checked="" type="checkbox"/> Add
		Suite 1935	<input type="checkbox"/> Remove
		Sunny Isles Beach, FL 33160	
MGR	Alberto Galante	20900 Northeast 30th Avenue	<input checked="" type="checkbox"/> Add
		Suite 307	<input type="checkbox"/> Remove
		Aventura, FL 33180	
MGR	Jose Maria De Guzman	6000 Collins Avenue	<input checked="" type="checkbox"/> Add
		Suite # 132	<input type="checkbox"/> Remove
		Miami Beach, FL 33140	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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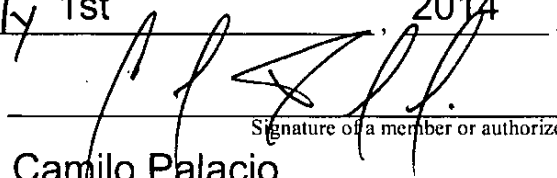
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 July 1st, 2014



Signature of a member or authorized representative of a member

**Camilo Palacio**

Typed or printed name of signee

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