

C14000057165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

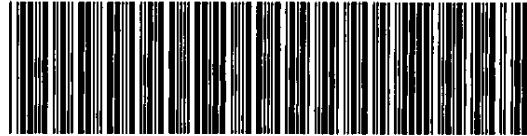
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **CARMIR 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:

**Maria de los Angeles Mira**

Name of Person

**Carmir Investments LLC**

Firm/Company

**6700 Conroy Rd Suite 130**

Address

**Orlando, FL 32835**

City/State and Zip Code

**marymira1@hotmail.com**

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

For further information concerning this matter, please call:

**Maria De los Angeles Mira** at **407 884-6400**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CARMIR 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 04/08/2014 and assigned  
Florida document number L14000057169.

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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:

Maria de los Angeles Mira

New Registered Office Address:

6700 Conroy Rd Suite 130

Enter Florida street address

Orlando

Florida

32835

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 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.*

*[Signature]*  
**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>
<u>Mgrm</u>	<u>Maria Mari</u>	<u>6700 Conroy Rd</u>	<input type="checkbox"/> Add
		<u>Suite 130</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32835</u>	
<u>Mgrm</u>	<u>Walter Carvalho</u>	<u>6700 Conroy Rd</u>	<input type="checkbox"/> Add
		<u>Suite 130</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32835</u>	
<u>Mgrm</u>	<u>Maria de los Angeles Mira</u>	<u>6700 Conroy Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 130</u>	<input type="checkbox"/> Remove
		<u>Orlando, FL 32835</u>	
<u>Mgrm</u>	<u>Walter Carvalho</u>	<u>6700 Conroy Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 130</u>	<input type="checkbox"/> Remove
		<u>Orlando, FL 32835</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET  
14 MAY 23 AM 10:59  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-16-00 BY 60322 UCBAW

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

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F. 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 May 13, 2014



Signature of a member or authorized representative of a member

Walter Carvalho

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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14 MAY 23 PM 10:59  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA