

L14000086836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

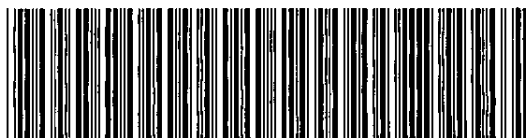
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 JUL -1 PM 1:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACAMAR, 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:

CARLOS ALBERTO FRUCTUOSO

Name of Person

ACAMAR, LLC

Firm/Company

7751 KINGSPORTE PKWY STE 109

Address

ORLANDO, FL 32819

City/State and Zip Code

creatix@creatixoffices.com

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

For further information concerning this matter, please call:

ANGELA MACK

Name of Person

at 407

Area Code

403-3339

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL - 1 PM 1:22

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

ACAMAR, 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 05/30/2014

Florida document number L14000086836

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:

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 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

14 JUL - 11 PM 1:22
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	FRUCTUOSO, CARLOS ALBERTO	RUA LUIZ BUSTAMANTE RENNO, 257	☒ Add
		SANTA RITA DO SAPUCAI, MG 37540--000 BR	☐ Remove
MGR	MOREIRA FRUCTUOSO, ELEONORA M	RUA LUIZ BUSTAMANTE RENNO, 257	☒ Add
		SANTA RITA DO SAPUCAI, MG 37540--000 BR	☐ Remove
MGR	FRUCTUOSO GOULART, ADRIANA M	RUA LUIZ BUSTAMANTE RENNO, 257	☒ Add
		SANTA RITA DO SAPUCAI, MG 37540--000 BR	☐ Remove
MGR	FRUCTUOSO RIBEIRO, CAROLINA	RUA LUIZ BUSTAMANTE RENNO, 257	☒ Add
		SANTA RITA DO SAPUCAI, MG 37540--000 BR	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

16 JUL - 1 PM 1:22
 SECRETARY OF STATE
 FLORIDA

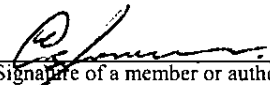
AM 11:00
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 06 - 30, 2014.



Signature of a member or authorized representative of a member

CARLOS ALBERTO FRUCTUOSO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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