

214000100445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

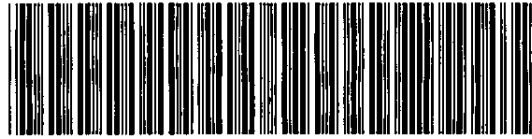
(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

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JUL 09 2014  
D. BRUCE

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

CARMEN CID 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 06/23/2014 and assigned Florida document number L14000100445

This amendment is submitted to amend the following

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

CARMEN I. CID ALMONTE LLC

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)

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ST. JAMES  
FLORIDA

**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:

CARMEN I. CID ALMONTE

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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 DEPARTMENT OF STATE  
 OFFICE OF THE SECRETARY  
 WASHINGTON, DC 20520-1225  
**FILED**

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

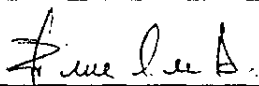
ARTICLE III: CHANGE THE NAME OF THE REGISTERED AGENT TO  
CARMEN I. CID ALMONTE

ARTICLE IV: CHANGE THE NAME OF THE MANAGER TO  
CARMEN I. CID ALMONTE

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 JUNE 25, 2014



Signature of a member or authorized representative of a member

CARMEN I. CID ALMONTE

Typed or printed name of signee

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Filing Fee: \$25:00

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TALLAHASSEE, FLORIDA

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