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# **COVER LETTER**

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TO:	Registration Se Division of Cor		t.		•
SURJ	ECT:	CARMEN BU	IRKERT LLC		
5030		Name of Li	mited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	e return all correspo	ndence concerning this matte	er to the following:		
		CAI	RMEN BURKER Name of Person	<u>T</u>	
		Cr	TRMEN BURKERT Firm/Company	uc	
		S WH 0018	Xoth St. Suite 450 Address	)	SECRETARY OF SIGNOR
		DORAN	FC 33166 City/State and Zip Code		No bu
			10 Caymen burker (to be used for future annual report notif	o. CO M lication)	LORIDA L. 22
For fu	rther information co	oncerning this matter, please	call:		·
	CARMEN Name o	BULKERT FPERSON	at (561) 234 Area Code Daytime	-5956 Telephone Number	
Enclo	sed is a check for th	ne following amount:			
<b>)⊠</b> \$2	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 enclos	

### 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

MGR = Manager AMBR = Authorized Member **Title** Name **Address** Type of Action SIMOZA, CARMENMARIA 109 REINA WAY APT 209 MGR JUPITER FL 33458 ☐ Change President (MGR) CARMEN MARIA BURKERT 109 REINA WAY APT 209 TUPITED, FC 33458 □ Remove ☐ Change Vice President (AMBR) DANIEL BURKERT 109 REINA WAY APTZO9 DAdd JUPITER, FL 33458 ☐ Remove ☐ Rentrove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records: .

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fl	orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on February 06, 2015 and assigned 32.7
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words '	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	6 C
(Principal office address MUST BE A STREET AL	DDRESS)
	9 SEX.
Enter new mailing address, if applicable:	8400 NW 36th St 5 5
(Mailing address MAY BE A POST OFFICE BOX	5150
	DORAL, FL 33166
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	LARMEN MARIA BURKERT
New Registered Office Address:	3400 NW 36th St. Ste 450  Enter Florida street address
	DOWAL , Florida 33166  City Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered ago	ent and agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	
	TS:
	222
28	SSEE
PH 4: 22	FLOR
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Effective date, if other than the date of filing: 10/15 2000 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	7 (3)(b) s the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	of:
Dated 10/15, 2016.	
Signature of a member or authorized representative of a member	
CAPMEN BURKERT  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

Department of Health ◆ Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK
This beense not valid unless seal of Clerk,
Grack or Count, appears thereon

(STATE FILE NUMBER)

CFN 20150179006 OR BK 27535 PG 1230 RECORDED 05/14/2015 15:29:19 Palm Beach County, Florida Sharon R. Bock, CLERK & COMPTROLLER Pg 1230; (1pg)

## 2015MLM001042 (APPLICATION NUMBER)

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD OS CORRECT TO THE BEST OF OUR KNOW GOE AND BELLEF. THAT NO LEGA. OBJECTION TO THE MARRIAGE ON TO THE MARRIAGE OF ALICENSE TO ALITHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.  8. PICKNATURE OF ERROR MARRIAGE TO ALITHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.  10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE).  11. TITLE OF OFFICIAL  12. SIGNATURE OF BRIDE (Sm. Marmen using black ink).  13. SIGNATURE OF BRIDE (Sm. Marmen using black ink).  14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE).  15. TITLE OF OFFICIAL  16. PROMURE OF OFFICIAL  17. DATE OF OFFICIAL  18. PROMURE OF OFFICIAL  19. SIGNATURE OF OFFICIAL  19. DATE OF OFFICIAL  10. PROMURE OF OFFICIAL  10. PROMURE OF OFFICIAL  11. DATE OF OFFICIAL  12. SIGNATURE OF COURT CLERK OBJOUGH  13. DATE LICENSE IS HEREBY GIVEN TO ANY SO THE STATE OF FLORIDA TO PERFORM A MARRIAGE OF THE ABOVE NAMED OFFISONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.  15. SIGNATURE OF COURT CLERK OBJOUGH  16. DATE LICENSE SISSUED  17. DATE OF MARRIAGE (MONIN, Day, Year)  18. DATE LICENSE SISSUED  19. DATE LICENSE EFFECTIVE  19. DATE OF MARRIAGE (MONIN, Day, Year)  20. TITLE  21. DATE OF MARRIAGE (MONIN, Day, Year)  22. CITY, TOWN, OR LOCATION OF MARRIAGE  23. SIGNATURE OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  12. ADDRESS (OF PERSON PERFORMING GEREMONY, July black inky  14. SUBSCRIBED	ger in die gegen der		APPLICATION TO MAR	RY	· · · · · · · · · · · · · · · · · · ·		,
JUPITER  PALM BEACH  FL  IOWA  5.0. BRIDE'S NAME (First, Modit), Day, Year)  CARMEN MARIA SIMOZA ALFONZO  7.2. RESIDENCE - CITY, TOWN, OR LOCATION  7.3. RESIDENCE - CITY, TOWN, OR LOCATION  7.4. RESIDENCE - CITY, TOWN, OR LOCATION  7.5. STATE  7.6. STATE  8. BRITHPLACE (Size or Foreign Court)  PALM BEACH  FL  VENEZUELA  WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED  ON THIS RECORD IS CORRECT TO THE BEST OF DRINKING EACH OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BEST OF OWN KNOWLEDGE AND BELLEF THAT NO LECAL OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BEST OF OWN KNOWLEDGE AND BELLEF THAT NO LECAL OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BEST OF OWN KNOWLEDGE AND BELLEF THAT NO LECAL OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BEST OF OWN KNOWLEDGE AND BELLEF THAT NO LECAL OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BEST OF OWN KNOWLEDGE AND BELLEF THAT NO LECAL OBJECTION TO THE MARRIAGE  ON THIS RECORD IS CORRECT TO THE BASE IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY  10. SIGNATURE OF BRIDE (S.S. IN MARINO USING DECK MIN)  11. STITLE OF OFFICIAL  DEPUTY CIETA  AMAR-25-2015  12. SIGNATURE OF BRIDE (S.S. IN MARINO USING DECK MIN)  ANAR-25-2015  13. SIGNATURE OF BRIDE (S.S. IN MARINO USING DECK MIN)  14. SUBSCRIBED AND SWORM TO BEFORE ME ON (DATE)  MAR-25-2015  15. THIS OF OFFICIAL  DEPUTY CIETA  16. SIGNATURE OF BRIDE (S.S. IN MARINO USING DECK MIN)  17. STITLE OF OFFICIAL  DEPUTY CIETA  18. SIGNATURE OF BRIDE OFFICIAL (USING DECK MIN)  19. SOUTH OF OWN THE STATE OF FLORIDA AND TO SOLEMINIZE THE BASED ON YOUR DATE LICENSE SONS. THIS LICENSE BRUST BE USED ON OR  ATTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BEFORE ME ON YOUR DATE  MAR-25-2015  MAR-25-2015  19. SOUTH OF OWN THE STATE OF FLORIDA AND THE BASED OF THE STATE OF FLORIDA IN ORDER THE BASED ON YOUR OR LOCATION OF MARRIAGE  21. DATE OF PERSON PERFOR						nth, Day, Year)	•
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(Or 1 1 2 2 3 My Comm. Expires Jan 23, 2018	(Or Marian)	My Comm. Expires	Jan 23, 2018				
Commission # FF 085577 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)  Bonded Through National Notary Asso.	San 189 . 19			25. SIGNATURE OF	WITNESS TO CEREMO	Y (Use black ink)	

STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy of the record in my office with regactions, if any as required by law.

SHARON R. BOOK

DEFLITY CLERK