

45000023327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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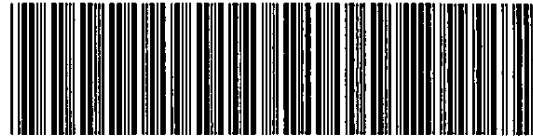
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/16--01004--009 **25.00

OCT 31 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 28 PM 4: 22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARMEN BURKERT 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:

CARMEN BURKERT
Name of Person
CARMEN BURKERT LLC
Firm/Company
8400 NW 36th ST. Suite 450
Address
DORAL, FL 33166
City/State and Zip Code
carmen@carmenburkert.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

CARMEN BURKERT at (561) 234-5956
Name of Person 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	SIMOZA, CARMEN MARIA	109 REINA WAY APT 209	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President (MGR)	CARMEN MARIA BURKERT	109 REINA WAY APT 209	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vice President (AMBR)	DANIEL BURKERT	109 REINA WAY APT 209	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

CARMEN BURKERT 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 February 06, 2015 and assigned Florida document number L15000023327

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 contain 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)

8400 NW 36th St
Ste 450
Doral, FL 33166

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TALLAHASSEE, FLORIDA
16 OCT 28 PM 4:22

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 MARIA BURKERT

New Registered Office Address:

8400 NW 36th St Ste 450

Enter Florida street address

Doral

City

Florida

33166

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

16 OCT 28 PM 4:22

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

10/15/2016

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

10/15

W. Burkert

CARMEN BURKERT

Typed or printed name of signee

Department of Health ♦ Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, 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)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) DANIEL JOSEPH BURKERT			2. DATE OF BIRTH (Month, Day, Year) NOV-30-1986	
3a. RESIDENCE - CITY, TOWN, OR LOCATION JUPITER		3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) IOWA
5a. BRIDE'S NAME (First, Middle, Last) CARMEN MARIA SIMOZA ALFONZO		5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year) DEC-26-1988
7a. RESIDENCE - CITY, TOWN, OR LOCATION JUPITER		7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) 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 OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-25-2015	
11. TITLE OF OFFICIAL Deputy Clerk		12. SIGNATURE OF OFFICIAL (Use black ink)	
13. SIGNATURE OF BRIDE (Sign full name using black ink)		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR-25-2015	
15. TITLE OF OFFICIAL Deputy Clerk		16. SIGNATURE OF OFFICIAL (Use black ink)	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. 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.

17. COUNTY ISSUING LICENSE Palm Beach County	18. DATE LICENSE ISSUED MAR-25-2015	18a. DATE LICENSE EFFECTIVE MAR-28-2015	19. EXPIRATION DATE MAY-27-2015
20. SIGNATURE OF COURT CLERK OR JUDGE Sharon R. Bock		20b. TITLE Clerk of Court	20c. BY [Signature]

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 05/02/2015		22. CITY, TOWN, OR LOCATION OF MARRIAGE Juno Beach	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) [Signature]		23c. ADDRESS (Of person performing ceremony) 119 Australian Ave, Apt 4, Palm Beach	
23b. NAME OF PERSON PERFORMING CEREMONY (Or Notary Public - State of Florida) My Comm. Expires Jan 23, 2018 Commission # FF 085577 Bonded Through National Notary Assn.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) FL 13348X	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

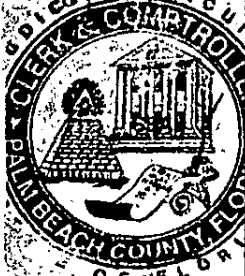
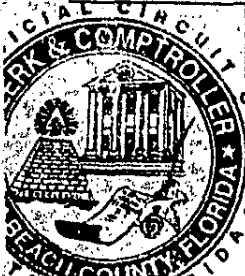
STATE OF FLORIDA - PALM BEACH COUNTY

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

THIS 14 DAY OF May 2015

SHARON R. BOCK
CLERK & COMPTROLLER

By [Signature]
DEPUTY CLERK



SEAL