

L15000063399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

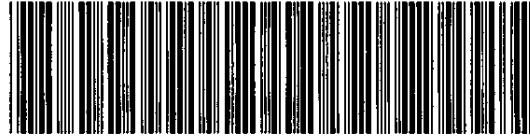
(Business Entity Name)

(Document Number)

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2015 MAY -7 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAS CARAQUENAS, 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:

MARICAR MELO.

Name of Person

LAS CARAQUENAS, LLC.

Firm/Company

5161 NW 79th AVE # 10.

Address

DORAL, FL. 33166.

City/State and Zip Code

las caraquenas0212@gmail.com.

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

For further information concerning this matter, please call:

MARICAR MELO.

Name of Person

at (786)

Area Code

9429086.

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 MAY -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAS CARAQUENAS 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 _____ and assigned
Florida document number L15000063399.

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)

5161 NW 79th Ave
10.
Doral, FL. 33166.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5161 NW 79th Ave
10
DORAL, FL. 33166.

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

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>
<u>AR</u>	<u>MARICAR MELO</u>	<u>5161 NW 79th AVE #10</u>	<input type="checkbox"/> Add
		<u>DORAL, FL. 33166</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR.</u>	<u>MARICAR MELO.</u>	<u>5161 NW 79th AVE #10</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL. 33166</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AR.</u>	<u>MARIELLA YANES.</u>	<u>5161 NW 79th AVE #10.</u>	<input type="checkbox"/> Add
		<u>DORAL, FL. 33166</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR.</u>	<u>MARIELLA YANES</u>	<u>5161 NW 79th AVE #10</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL. 33166</u>	<input type="checkbox"/> Remove
			<input 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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated MAY 5., 2015.

MALICAR MELO.

Typed or printed name of signee

FILED
of:
2013 MAY -7 PM 3:18
CLERK OF STATE
TALLAHASSEE, FLORIDA