

L15000124947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

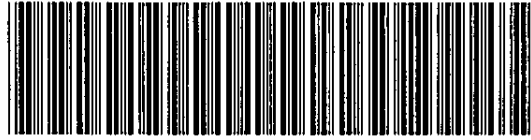
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 11, 2016

JOSE VILLAR
JOSE A. VILLAR CPA, P.A.
3850 SW 87 AVE STE 301
MIAMI, FL 33165

SUBJECT: INVERSIONES DEL CARMEN LLC
Ref. Number: L15000124947

We have received your document for INVERSIONES DEL CARMEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00000577

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES DEL CARMEN 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:

JOSE VILLAR
Name of Person
JOSE A. VILLAR CPA, P.A.
Firm/Company
3850 SW 87 AVE STE 301
Address
MIAMI, FL 33165
City/State and Zip Code
JVILLAR@VILLARCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE VILLAR at (305) 448-1648
Name of Person Area Code Daytime Telephone Number

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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**

INVERSIONES DEL CARMEN 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 07/21/2015 and assigned Florida document number L15000124947.

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)

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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: ✓

JOSE A. VILLAR CPA, P.A.

New Registered Office Address:

3850 SW 87 AVE STE 301

Enter Florida street address

MIAMI

City

, Florida 33165

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>
AMBR	ABUSLEME ABUSLEME, ANA	10275 COLLINS AVE, APT 1134	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEZ ABUSLEME, ANA MARIA	10275 COLLINS AVE, APT 1134	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEZ ABUSLEME, JAVIER	10275 COLLINS AVE, APT 1134	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEZ ABUSLEME, JOSE LUIS	10275 COLLINS AVE, APT 1134	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEZ ALVAREZ, MANUEL	10275 COLLINS AVE, APT 1134	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	INMOBILIARIA GREGOR MAR LTDA	RUT 78.504.970-5	<input checked="" type="checkbox"/> Add
		LOS ALBATROS 20, DEPTO 22 COMUNA DE SANTO DOMINGO, REGION DE VALPARAISO CHILE	<input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Lined area for amending information, currently blank.

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E. Effective date, if other than the date of filing: 07/21/2015 (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 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/18 2015

Signature of a member or authorized representative of a member

DIEZ ABUSLEME, MANUEL A

Typed or printed name of signee