

L15000124947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 JAN 19 AM 10:55  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
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

2016 JAN 15 P 2:11  
SECRETARY OF STATE  
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

305

448-1648

at ( )

Name of Person

Area Code

Daytime Telephone Number

2016 JAN 15 P 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 "LLC."

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)

**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

Florida 33165

*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>
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	<input type="checkbox"/> Remove
		COMUNA DE SANTO DOMINGO, REGION DE VALPARAISO	
		CHILE	<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

