

L15000 213960

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAR 20 P 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 23 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2016

HUGO E. CHAEIM  
4098 SW 114 COURT  
OCALA, FL 34481

SUBJECT: CARETAKERTRIPS LLC  
Ref. Number: L15000213560

We have received your document for CARETAKERTRIPS 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):

Please list complete first and last name for Registered Agent. No initials

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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 316A00005659

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Care taker trips 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:

Chaein Hugo E.  
Name of Person  
[Signature]  
Firm/Company  
4098 SW 114 Ct.  
Address  
Ocala FL 34481  
City/State and Zip Code  
Caretakertrips@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hugo E. Chaein at (954) 604 0376  
Name of Person Area Code Daytime Telephone Number

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**

Core Taker Trips LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 MAR 22 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/14/2015 and assigned

Florida document number L15000213560

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)

409BSW. 114 CT.  
Ocala FL 34481

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:

Tavera, Graciela

New Registered Office Address:

409BSW. 114 CT.

Enter Florida street address

Ocala

City

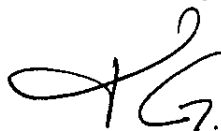
Florida

34481

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

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
UGB	Vederos Graciela	4098 SW 114th Ave. Ocala	<input checked="" type="checkbox"/> Add

☐ Change

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☐ **Change**

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

the new name will be TGtrips LLC.

that replace Coretanertrips LLC.


E. Effective date, if other than the date of filing: 3/4/2016 (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 3/4/16

  
Signature of a member or authorized representative of a member  
T. Avera  
Typed or printed name of signee