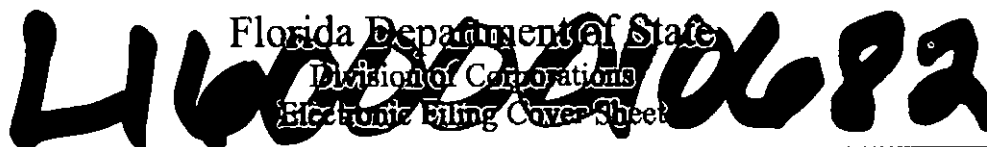


4/17/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000113658 3)))



H200001136583ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING & TAX CORPORATION
Account Number : I20000000203
Phone : (954)965-9491
Fax Number : (954)965-9492

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ASAPACCOUNTING@LIVE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARAMACATE II LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

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2020 APR 20 AM 7:54

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APR 21 2020

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARAMACATE II 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:

JAIRO BOSCH

Name of Person

ASAP ACCOUNTING & TAX CORPORATION

Firm/Company

9000 SHERIDAN STREET, SUITE 147

Address

PEMBROKE PINES, FL 33024-8801

City/State and Zip Code

ASAPACCOUNTING@LIVE.COM

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

For further information concerning this matter, please call:

JAIRO BOSCH

954 965-9491
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 APR 20 PM 12:05

CARAMACATE II 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 01/15/2016 and assigned
Florida document number L16000010682

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:

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

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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

2020 APR 20 PM 12:05

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ambr/P/S	Maria D. Flores		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		649 Sand Creek Circle, Weston, FL 33327	<input checked="" type="checkbox"/> Change
VP/S	David J. Lopez		<input type="checkbox"/> Add
		649 Sand Creek Circle, Weston, FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alberto E. Zamora Escobar	649 Sand Creek Circle, Weston, FL 33327	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Estela E. Zamora	649 Sand Creek Circle, Weston, FL 33327	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	José R. Zamora Escobar	649 Sand Creek Circle, Weston, FL 33327	<input checked="" 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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2020 APR 20 PM 12:03
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: _____ (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 April 17th

2020



Signature of a member or authorized representative of a member

MARIA D. FLORES

Typed or printed name of signee

Filing Fee: \$25.00