L16000020837

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)
	<u></u>	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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02/16/16--01030--009 **25.00



FEB 29 2016

3 MASON



February 17, 2016

CAROLINA ESCUDERO 92 SW 3 STREET, APT. 4212 MIAMI, FL 33130

SUBJECT: CAROLINA ESCUDERO LLC

Ref. Number: L16000020837

We have received your document for CAROLINA ESCUDERO 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 document must be signed by a member or an authorized representative of a member.

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: 016A00003316

COVER LETTER

10.	Division of Corp			
SUBJE		ESCUDERO LLC		
SCHJE	C1	Name of Limit	ted Liability Company	
The enc	losed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	o the following:	
		CAROLINA ESCUDERO		
			Name of Person	
		CAROLINA ESCUDERO	LLC	
			Firm/Company	·
		92 SW 3 ST APT 4212		
		,	Address	-
		MIAMI, FL 33130		
		CAROLINA.ESCUDEROO	City/State and Zip Code	
			o be used for future annual report notifical	tion)
For furtl	her information cor	ncerning this matter, please cal	Щ:	
CAROI	LINA ESCUDERO		786 4888037 at () Area Code Daytime Te	
	Name of	Person	Area Code Daytime Te	elephone Number
Enclose	d 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

CAROLINA ESCUDERO LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000020837	
This amendment is submitted to amend the following:	
This alliendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
muning dualess MAT BE ATOST OFFICE BOA	
registered agent and/or the new registered office address her Name of New Registered Agent:	office address on our records, <u>enter the name of the new</u> er <u>e</u> :
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is a address, I hereby confirm that the limited liability
If Cha	anging Registered Agent, Signature of New Registered Agent
псия	anging Registered Agent, Signature of New Reguler en Seen
Рада	1063

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>	Address	Type of Action
MGR	CAROLINA ESCUDERO	92 SW 3 ST APT 4212	Add
		MIAMI, FL 33130	Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
			□ Remove
		#18	□ Change
			SS 26 Remove
		-	STATE Office

ective date, if other than the date of filing:	tedtebary 12th	2016	
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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a			e, at 12:01 a.m. on the earlie
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 605.020	cument's effective date on the Departme	ent of State's records.	rquirements, this take with not be listed
	n effective date is listed, the date must be spec	ific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605.0
			4 4 5
		<u> </u>	
			<u> </u>