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## **COVER LETTER**

SUBJECT: CARIBE GROUP INTERNATIONAL 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 AKSSANDRO BABOUN MICHELI SALIBA Name of Person						
Caribe Group International LLC Firm/Company						
13295 SW 102 ST Address						
MIAMI, FLORIDA 33/86  City/State and Zip Code  ababoun Saliba amail-Com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jose A. Baboun M. Salibaat (305) 812-1442  Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:   \$\Begin{array}{cccccccccccccccccccccccccccccccccccc						

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

## TO **ARTICLES OF ORGANIZATION OF**

(Name of the Limit	iled Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L. Florida document number <u>L.16006</u>	Liability Company were filed on O2/22/2016 and assigned
This amendment is submitted to amend the foll	lowing:
A. If amending name, enter the new name o	of the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	
(Principal office address MUST BE A STREE	
	- STATE -
Enter new mailing address, if applicable:	<b>&gt; ⊘</b>
(Mailing address MAY BE A POST OFFICE	, BOX)
B. If amending the registered agent and registered agent and/or the new registered or	d/or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Jose Alessandro Baboun Micheli Salib
New Registered Office Address:	13295 SW 102nd ST  Enter Florida street address
	Miani Florida 33\86 Zip Code
New Registered Agent's Signature if changing	•

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

Page 1 of 3

# or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Alessandro	Baboon Salib	a 13295 SW102 S	DbA □ 1
			Miani, FL 33186	Remove
	Jose Ale	osbanes		Change
AMBR			13295 SW 102 ST	XAdd
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(If an e	tive date, if other than the date of filing:(optional)  frective 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 605.02	07 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.	as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Dated	February 24th, 2016	
	Signature of a member or authorized representative of a member	
	Alessandro Bahoun Salaba	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00