

L16000055297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100284216741

04/07/16--01007--021 \*\*25.00

FILED  
2016 APR 11 P 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2016

S MASON

**Roland H. Acosta  
& Associates, P.A.**

399 Carolina Avenue, Suite 210  
Winter Park, FL 32789  
Phone: 407-644-2531  
Fax: 407-628-9289  
RAcosta@acostaatlaw.com

April 5, 2016

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

VIA Federal Express  
776037976743

Re: S. Macari C., LLC  
Florida Document No.: L16000055297

Dear Sir or Madam:

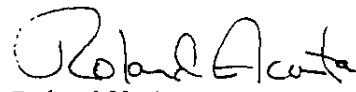
I have the pleasure of representing S. Macari C., LLC and Silvia Macari Casares, as its Manager. The purpose of this letter is to provide clarification of two Amendments to S. Macari C., LLC.

On March 18, 2016 the entity was created with a typographical error in the name of Ms. Casares Macari. The typo shows her name as "Casares M Silvia." The first attempt to amend this error was on April 4, 2016 and included payment of the \$25.00 fee. This first attempt requested that the name of Ms. Macari Casares be changed to "Silvia Casares Macari." The second attempt, dated April 5, 2016 is meant to supersede and replace the previous Amendment of April 4<sup>th</sup>. We are requesting that the Manager's name be shown as Silvia Macari Casares and that the payment previously provided to your office be applied to this Amendment dated April 5, 2016. Her first name is Silvia, there is no middle name and her last name is Macari Casares (two words without a hyphen).

If your office has any questions or requires further clarification please feel free to contact my office at your earliest convenience.

Thank you.

Sincerely yours,

  
Roland H. Acosta

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** S. Macari C., 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:

Roland H. Acosta

\_\_\_\_\_  
Name of Person

Roland H. Acosta & Associates, P.A.

\_\_\_\_\_  
Firm/Company

399 Carolina Avenue, Suite 210

\_\_\_\_\_  
Address

Winter Park, Florida 32789

\_\_\_\_\_  
City/State and Zip Code

racosta@acostaatlaw.com

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

For further information concerning this matter, please call:

Roland H. Acosta

407 644-2531  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

S. Macari C., 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 March 18, 2016 and assigned  
Florida document number L16000055297.

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)**

**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**

FILED  
MAR 18 11 P 44  
SECRETARY OF STATE  
TAMM  
FLORIDA

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>                      |
|--------------|-----------------------|----------------------------------|--|
| MGR          | Casares M. Silvia     | Calle 16 No. 320 B Montebello    | <input type="checkbox"/> Add               |
|              |                       | Merida, Yucatan, Mexico, YU 9711 | <input checked="" type="checkbox"/> Remove |
|              |                       |                                  | <input type="checkbox"/> Change            |
| MGR          | Silvia Macari Casares | Calle 16 No. 320 B Montebello    | <input checked="" type="checkbox"/> Add    |
|              |                       | Merida, Yucatan, Mexico, YU 9711 | <input type="checkbox"/> Remove            |
|              |                       |                                  | <input type="checkbox"/> Change            |
|              |                       |                                  | <input type="checkbox"/> Add               |
|              |                       |                                  | <input type="checkbox"/> Remove            |
|              |                       |                                  | <input type="checkbox"/> Change            |
|              |                       |                                  | <input type="checkbox"/> Add               |
|              |                       |                                  | <input type="checkbox"/> Remove            |
|              |                       |                                  | <input type="checkbox"/> Change            |
|              |                       |                                  | <input type="checkbox"/> Add               |
|              |                       |                                  | <input type="checkbox"/> Remove            |
|              |                       |                                  | <input type="checkbox"/> Change            |
|              |                       |                                  | <input type="checkbox"/> Add               |
|              |                       |                                  | <input type="checkbox"/> Remove            |
|              |                       |                                  | <input type="checkbox"/> Change            |

FILED  
2016 APR 11 P 4:44  
CLERK OF STATE  
TAMMASEE, FLORIDA

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

This amendment dated 4/5/2016 is to replace the amendment dated 4/4/2016 which included payment for change of the Manager's name (see attached). Please apply the check dated 4/4/2016 to this amendment. To clarify, the Manager is Silvia Macari Casares.

First name: Silvia. Last name: Macari Casares (two words no hyphen)

The address for Silvia Macari Casares is Calle 16 No. 320 B Montebello, Merida, Yucatan, Mexico, YU 97113 MX

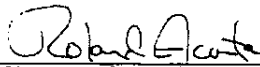
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 5, 2016



Signature of a member or authorized representative of a member

Roland H. Acosta, Esq.

Typed or printed name of signer

FILED  
2016 APR 11 P 4:44  
SECRETARY OF STATE  
TAMMSEEE.FLORIDA