

L16 0000 70663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

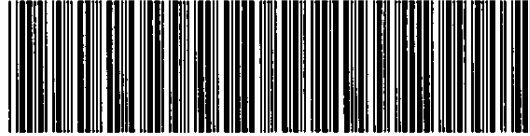
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016  
SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CAMACOL MEDIA 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 Gerardo Guarisma

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

EDU DIGITAL LLC

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

11531 NW 86 st

\_\_\_\_\_  
Address

Miami

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

jose.guarisma.jr@gmail.com

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

For further information concerning this matter, please call:

Jose Gerardo Guarisma

at ( 786 ) 253-2160

\_\_\_\_\_  
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**

CAMACOL MEDIA 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 April 11, 2016 and assigned  
Florida document number L16000070663.

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)

1401 West Flagler st.

Miami FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1401 West Flagler st.

Miami FL 33135

**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:

Luciano Garcia

New Registered Office Address:

1401 West Flagler st.

Enter Florida street address

Miami

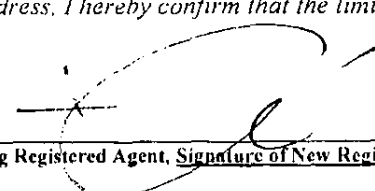
Florida 33135

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**

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	EDU Digital Media LLC		<input type="checkbox"/> Add
		11531 NW 86 ST Miami FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRIPLE J DSD Corp		<input type="checkbox"/> Add
		195 NW 91 ST El Portal Fl 33150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nelson Tarke	1401 West Flagler st.	<input checked="" type="checkbox"/> Add
		Miami Fl 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Chi	1401 West Flagler st.	<input checked="" type="checkbox"/> Add
		Miami Fl 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fausto Alvarez	1401 West Flagler st.	<input checked="" type="checkbox"/> Add
		Miami fl 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 CLERK OF THE  
 SUPREME COURT  
 OF THE STATE OF  
 FLORIDA  
 TALLAHASSEE, FLORIDA

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

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-28-2013 BY 60322  
UCBAW/STP

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OFFICE OF STATE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

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 **June 21 of 2016**

Signature of a member or authorized representative of a member

Jose Gerardo Guarisma

Typed or printed name of signee