

L24000142279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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INDIANAPOLIS, IN 46204-0001

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMINOS PIONEROS ENTERPRISES, 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:

ANTIONETTE WILMORE

Name of Person

CAMINOS PIONEROS ENTERPRISES, LLC

Firm/Company

5550 GLADES RD STE 500 #1146

Address

BOCA RATON FL 33431

City/State and Zip Code

support@caminospioneros.com

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

For further information concerning this matter, please call:

ANTIONETTE WILMORE

561

884-2146

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CAMINOS PIONEROS ENTERPRISES, 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 03/21/2024 and assigned
Florida document number L24000142279.

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)

5550 GLADES RD

STE 500 #1146

BOCA RATON FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5550 GLADES RD

STE 500 #1146

BOCA RATON FL 33431

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:

ANTIONETTE WILMORE

New Registered Office Address:

5550 GLADES RD STE 500 #1146

Enter Florida street address

BOCA RATON

Florida

33431

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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2024 MAR 21 PM 4:54
CLERK OF STATE
TALLAHASSEE, 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	CONROY ANNAKIE	5550 GLADES RD STE 500 #1146	<input type="checkbox"/> Add
		BOCA RATON FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

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

[illegible]

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 JANUARY 2 2025

Am

Signature of a member or authorized representative of a member

ANTIONETTE WILMORE

Typed or printed name of signee

JAN 15 PM 4:54
CLERK OF COURT
JAN 15 PM 4:54

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M
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