

L9900005873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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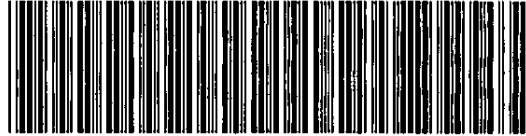
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 09 2015

S. YOUNG

# Juan E. Valdes

Attorney At Law and  
Civil Law Notary

4160 West 16<sup>th</sup> Ave., Suite 402,  
Tel: (305)825-1985 Fax; (305)825-2948  
E-Mail: [ValdesJuan@aol.com](mailto:ValdesJuan@aol.com)

December 3<sup>rd</sup>, 2015

## Certified Mail

Florida Department of State, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Carini LLC

Enclosed herewith you will find the Amended Articles of Carini LLC, a Florida Limited Liability Company, and a check made payable to the Florida Department of State, Division of Corporations, for the total amount of \$30.00 (for Filing Fees and Certificate of Status).

Thanks for your kind cooperation on this matter.

Very truly yours,  
//s// Juan E. Valdes  
Juan E. Valdes, Esquire

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Carini 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:

Juan E. Valdes

Name of Person

Juan E. Valdes

Firm/Company

4160 W 16th Ave. Suite 402

Address

Hialeah, Florida

City/State and Zip Code

valdesjuan@ aol.com

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

For further information concerning this matter, please call:

Juan E. Valdes

Name of Person

at ( 305 ) 825 1985

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Carini 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 09/20/1999 and assigned Florida document number 59-0950536.

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)**

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TALLAHASSEE, FLORIDA

**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**

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

Title	Name	Address	Type of Action
AMBR	Maria A. Mannino	4160 W 16th Ave. Suite 402	<input type="checkbox"/> Add
		Hialeah, Fl 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Giuseppina A. Mannino	4160 W 16th Ave. Suite 402	<input type="checkbox"/> Add
		Hialeah, Fl 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Maria A. Mannino	4160 W 16th Ave. Suite 402	<input type="checkbox"/> Add
		Hialeah, Fl 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Giuseppina A. Mannino	4160 W 16th Ave. Suite 402	<input checked="" type="checkbox"/> Add
		Hialeah, Fl 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**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**

12-03-205

23  
Nello Marino

Signature of a member or authorized representative of a member

Typed or printed name of signee