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2021 NOV 30 PK 12: 52

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## **COVER LETTER**

TO: Registration So Division of Cor			•		
CAMURIE	BE, LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	CARLOS CIRILO ALEJA	ANDRO MEDINA CA	RIMBOCAS		
	<del></del>	Name of Person			
	CAMURIBE LLC				
	<del></del>	Firm/Company		·——-	
	1940 N COMMERCE PA	RKWAY SITE I			
		Address			
	WESTON, FL. 33326				
		City/State and Zip Co	жde	·· <del>···</del>	2021 NOV 30
	camuribellc@gmail.com				百百百
	E-mail address: (	to be used for future ann	ual report notific	cation)	30
For further information of	concerning this matter, please c	all:			() P
Carlos Medina Carimbo	cas	305 at ( )	487-1118		ゴ マ
Name o	of Person	Area Code	Daytime	Telephone Number	ر. در درند. در درند.
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			e of Status & Copy
Mailing Addre			t Address:		
Registration 5		_	stration Sect		
Division of C P.O. Box 632			sion of Corp Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMURIBE LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/01/2020	and assigned
Florida document number L20000364993		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	r the abbreviation BL.C."
Enter new principal offices address, if applicable:	<u> </u>	产善罚
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
	<del> </del>	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		····
New Registered Office Address:	Enter Electronic II	
	Enter Florida street address	
	, Florid	da
	CIIV	zan v.oae

## 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>	Address	Type of Action
AMBR	Alberto Andriollo Amaya	1940 Commerce Parkway Ste 1 Weston FL. 33326	<b>=</b> Add
			□Remove
			□Change
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