

L05000062302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

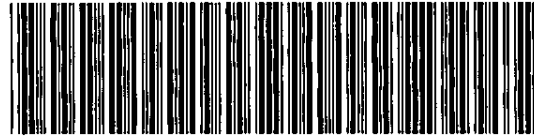
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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A. LUNT

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2013

MIMI BARED
BARED & ASSOCIATES PA
2950 SW 27TH AVE. SUITE 100
MIAMI, FL 33133

SUBJECT: ILCATI 2901, LLC
Ref. Number: L05000062302

We have received your document for ILCATI 2901, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 013A00018119

COVER LETTER

**TO:- Registration Section
Division of Corporations**

SUBJECT: ILCATI 2901, 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:

Mimi Bared

Name of Person

Bared & Associates PA

Firm/Company

2950 SW 27th Ave., Suite 100

Address

Miami, FL 33133

City/State and Zip Code

mimi@baredlaw.com

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Mimi Bared

Name of Person

305 666-6010

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**

llcati 2901 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 June 22, 2005 and assigned Florida document number L05000062302.

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 end with 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)

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	FILED

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

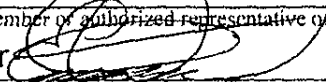
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Claudia Romanillos Villanueva</u>	<u>2950 SW 27th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 100</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33133</u>	
<u>Mgr</u>	<u>Nahielli Orozco Lozano</u>	<u>2950 SW 27th Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 100</u>	<input type="checkbox"/> Remove
		<u>Miami, FL 33133</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 MIAMI, FL

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

Dated July 2, 2013

Signature of a member or authorized representative of a member

Eduardo Solis, Manager
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

STATE OF ARIZONA
SOLICITOR GENERAL

2013 AUG 13 PM 4:45

FILED