

2/3000048801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

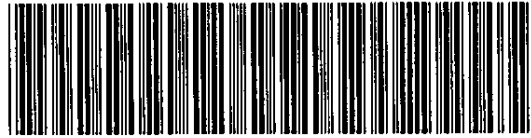
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OCT 16 2013

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2013 OCT 15 AM 9:06

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2013

ARIANA SIONE  
10305 NW 41 ST. STE 219  
DORAL, FL 33178

SUBJECT: GUGALOO L.L.C.  
Ref. Number: L13000048801

We have received your document for GUGALOO L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 113A00019277

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GUGALOO L.L.C.**  
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:

**ARIANA SIONE**  
Name of Person  
**GUGALOO L.L.C.**  
Firm/Company  
**10305 NW 41 ST STE 219**  
Address  
**DORAL, FL 33178**  
City/State and Zip Code  
**VENTAS@GUGALOO.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ARIANA SIONE** at ( **305** ) **600-1042**  
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**

GUGALOO L.L.C.

(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 APR 02, 2013 and assigned Florida document number L13000048801.

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)*

Enter new mailing address, if applicable: \_\_\_\_\_

*(Mailing address MAY BE A POST OFFICE BOX)*

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2013 OCT 15 AM 9:06  
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 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>
MGR	CARDACI, GUSTAVO	10305 NW 41 ST	<input checked="" type="checkbox"/> Add
		STE 219	<input type="checkbox"/> Remove
		DORAL, FL 33178	
OMGR	SIONE, ARIANA	10305 NW 41 ST	<input type="checkbox"/> Add
		STE 219	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	
MGR	SIONE, ARIANA	10305 NW 41 ST	<input checked="" type="checkbox"/> Add
		STE 219	<input type="checkbox"/> Remove
		DORAL, FL 33178	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2019 OCT 15 AM 8:07  
ALL APPLICANTS MUST  
REGISTER WITH THE STATE

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

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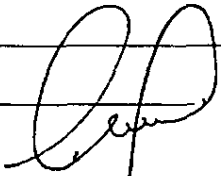
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Dated

MAY 14



2013

Signature of a member or authorized representative of a member

ARIANA SIONE, MANAGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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OCT 15 2013  
11:03 AM  
FBI - PHOENIX

2013 OCT 15 AM 9:07

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