

222000415487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

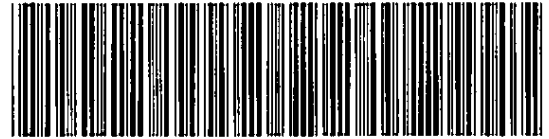
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PONCECAT MANDARIN, 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:

PATRICIA VALLEJO
Name of Person
PONCECAT MANDARIN, LLC
Firm/Company
2990 PONCE DE LEON BLVD., STE. 500
Address
CORAL GABLES, FL 33134
City/State and Zip Code
PVALLEJO@AJPVENTURES.COM
E-mail address: (to be used for future annual report notification)

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SECRET

For further information concerning this matter, please call:

PATRICIA VALLEJO at (305) 448-2330
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

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	JUAN C. MAS	2990 PONCE DE LEON BLVD., # 500	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALBERTO J. PEREZ	2990 PONCE DE LEON BLVD., # 500	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PONCE CAT, LLC	2990 PONCE DE LEON BLVD #500	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 REMOVE

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

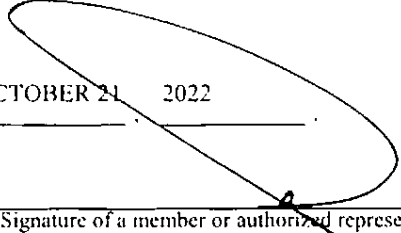
Multiple horizontal lines for amending information.

2022 DEC -7 PM 13
RECORDED
T.M.

E. Effective date, if other than the date of filing: 11/01/2022 (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 OCTOBER 21 2022



Signature of a member or authorized representative of a member

ALBERTO J. PEREZ

Typed or printed name of signee