05000110554

(Reques	tor's Name)	
(Address	s)	
(Address	5)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	· .
(Docume	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	

Office Use Only



000076135650

06/19/06--01024--002 **25.00

SECRETARY OF STATE SIVISION OF CORPORATIONS



COVER LETTER

	ion Section of Corporations				
SUBJECT:	LATA LONIAN		HC		
	(Name o	f Limited Liability Com	pany)		
Dear Sir or Mada	ım:				
The enclosed Res	signation of Member, Mana	ging Member or Ma	nager and fee(s) are submitted for		
Please return all	correspondence concerning	this matter to the fo	llowing:		
MIGUEL	FUENTES (Name of Person)		_		
CATALO	VIAN RESORTS (Firm/Company)	120	-		
6220	SOUTH BLOSSO 1 (Address)	4 TRAIL	1 18% STE 165		
ORLAN	(City/State and Zip Code)	32809	-		
For further information concerning this matter, please call:					
ALFONSO	MARTINEZ	at (786	247-4000 & Daytime Telephone Number)		
(Name of Person)	(Area Code	& Daytime Telephone Number)		
STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	orations Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
[2	\$25 Filing Fee	<u></u> \$	55 Filing Fee &		
CR2E079 (8/05)			Certified Copy		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

_	CATALONIAN RESORTS LLC	_
	(Present Name) (A Florida Limited Liability Company)	
Γ:	The Articles of Organization were filed on 11 13 205 and assigned document number L 0500011053.4	
ND:	That the new wave of the Limited	_
	Liabstity Company is:	-
	CATALONIA RESORTS LLC	-
		-
		- -
	PH 3: 50	SECF
	9	N OF CO
		OF ST
	May 23 \$ 2006 5	ATE
	' XIX	
	Signature of a member or authorized representative of a member FRANCISCO JAVIER GARCIA	
	FRANCISCO DAVIER GARCIA Typed or printed name of signee	

Filing Fee: \$25.00