

LD9000005386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

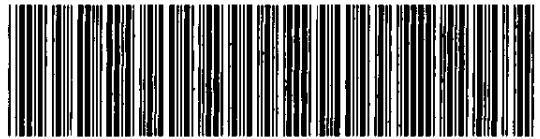
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OCT 21 2009

EXAMINER

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09 OCT 19 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Geometrika 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:

Avelino D. Perez, ESq.

Name of Person

Avelino D. Perez, PA

Firm/Company

11401 SW 40th St STE 309

Address

Miami, FL 33165

City/State and Zip Code

ramirezoandres@aol.com

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

For further information concerning this matter, please call:

Avelino D. Perez, Esq.

Name of Person

at (305)

207-9668

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**

Geometrika 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 01/16/2009 and assigned
Florida document number L09000005386.

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:

Geometrika, LLC

(Principal office address MUST BE A STREET ADDRESS)

3300 NE 192nd St, STE 912

Aventura, FL 33180

Enter new mailing address, if applicable:

Geometrika, LLC

(Mailing address MAY BE A POST OFFICE BOX)

3300 NE 192nd St, STE 912

Aventura, FL 33180

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:

Avelino D. Perez, ESq.

New Registered Office Address:

11401 SW 40th St, STE 309

Enter Florida street address

Miami

Florida

City

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FLORIDA
SECRETARY OF STATE

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.

Avelino Perez
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	Pineros Joaquin	PO Box 310639 Miami, FL 33231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ramirez, Andres	1660 SW 32 Ct Miami, FL 33145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ramirez, Andres	3300 NE 192nd St # 912 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 14, 2009

Avelino Pérez

Signature of a member or authorized representative of a member

Avelino D. Pérez, Esq.

Typed or printed name of signee

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TALLAHASSEE FLORIDA