

L10000001943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

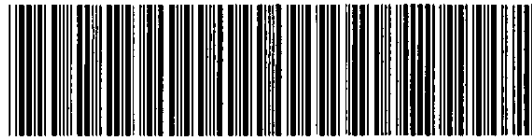
Special Instructions to Filing Officer:

L. SELLERS

JAN 19 2010

EXAMINER

Office Use Only



500165659915

01/15/10--01029--006 **25.00

FILED
10 JAN 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Miami, January 11th 2010

FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref.: Amendment managers and managing members CATMET 2708 LLC

Dear Sirs.,

Pleased find enclosed application to submit amendment of the managers and managing members of the new LLC recently established mentioned above.

If you need any further information, you can directly contact me at the following address:

Jaime Ramirez
199 Ocean Lane Drive Unit 1202
Key Biscayne, FL 33149
Tel. 786-3259396

Thanks in advance for your help.
Very truly yours,



Jaime Ramirez

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CATMET 2708 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:

JAIME RAMIREZ

Name of Person

Firm/Company

199 OCEAN LANE DRIVE UNIT 1202

Address

KEY BISCAYNE FL 33149

City/State and Zip Code

jaime.ramirez@americas.bnpparibas.com

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

For further information concerning this matter, please call:

JAIME RAMIREZ

Name of Person

at (**786**)

3259396

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CATMET 2708 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 JANUARY 6, 2010 and assigned
Florida document number L10000001483.

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)

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

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10 JAN 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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>
MGRM	CARLOS SANTAMARIA	199 OCEAN LANE DRIVE UNIT 314 KEY BISCAYNE FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CARLOS SANTAMARIA	199 OCEAN LANE DRIVE UNIT 314 KEY BISCAYNE FL 33149	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 11, 2010.

Signature of a member or authorized representative of a member
JAIME RAMIREZ
Typed or printed name of signee

FILED
10 JAN 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA