

L10000002445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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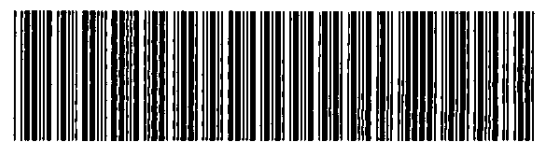
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN

AUG 30 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2011

OSCAR O. REY  
OSCAR O. REY, CPA, P.A.  
1400 LINCOLN RD, SUITE 504  
MIAMI BEACH, FL 33139

SUBJECT: HARAS COTACACHI, LLC  
Ref. Number: L10000002445

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11 AUG 29 PM 1:28  
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TALLAHASSEE, FLORIDA

We have received your document for HARAS COTACACHI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 811A00019470

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HARAS COTACACHI, 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:

**OSCAR O. REY**  
Name of Person  
**OSCAR O. REY, CPA, P.A**  
Firm/Company  
**1400 LINCOLN RD, STE. 504**  
Address  
**MIAMI BEACH, FL 33139**  
City/State and Zip Code  
**OSCAR@OSCARREY.COM**  
E-mail address: (to be used for future annual report notification)

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**11 AUG 26 PM 4: 28**  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**OSCAR O. REY, CPA** at ( **305** ) **531-8518**  
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**

**HARAS COTACACHI, 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 01/07/2010

Florida document number L10000002445

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:**

1400 LINCOLN RD, STE. 504

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH, FL 33139

**Enter new mailing address, if applicable:**

1400 LINCOLN RD, STE. 504

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

MIAMI BEACH, FL 33139

**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:

OSCAR O. REY, CPA, P.A

New Registered Office Address:

1400 LINCOLN RD, STE. 504

*Enter Florida street address*

MIAMI BEACH

, Florida

33139

*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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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>
MGR	ISAAC ZOLDAN	1400 LINCOLN RD, STE. 504 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS E. BERNAL	12497 EQUINE LANE WELLINGTON, FL 33414	<input type="checkbox"/> Add <input checked="" 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

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 TALLAHASSEE, FLORIDA

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

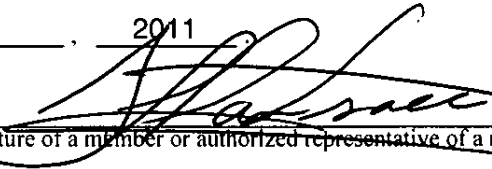
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\_\_\_\_\_

Dated AUGUST 24, 2011

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 ISAAC ZOLDAN  
 \_\_\_\_\_  
 Typed or printed name of signee