

L1 0000072663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

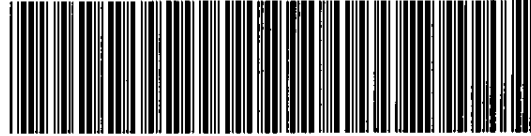
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
JUN - 9 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Calas, 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:

Pablo M. Gampe
Name of Person

Las Calas, LLC.
Firm/Company

1835 NE Miami Gardens Drive Unit 173
Address

North Miami Bch., FL 33179
City/State and Zip Code

GMPRealtyServices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi L. Strang, Esq. at (305) 397-8800
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

Las Colas 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 7-9-10 and assigned
Florida document number L10000072663

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

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	Natalia Perez	1835 NE Miami Gardens Drive Unit 173 North Miami Beach, FL 33179	<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
			<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)

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TALLAHASSEE, FLORIDA

Dated MAY 28, 2011

Pablo M. Gampe MGR
Signature of a member or authorized representative of a member

Pablo M. Gampe MGR
Typed or printed name of signee

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0045

EIN

42-1773020

1 Legal name of entity (or individual) for whom the EIN is being requested LAS CALAS LLC		3 Executor, administrator, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 1835 NE MIAMI GARDENS DRIVE UNIT #173		5b City, state, and ZIP code (if foreign, see instructions)	
4b City, state, and ZIP code (if foreign, see instructions) NORTH MIAMI BEACH, FL 33179		5b City, state, and ZIP code (if foreign, see instructions)	
6 County and state where principal business is located MIAMI-DADE			
7a Name of responsible party PABLO MAURICIO GAMPEL		7b SSN, TIN, or EIN NON-CITIZEN	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 1	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of grantor)			
<input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprise			
<input checked="" type="checkbox"/> Other (specify) ▶ LLC MEMBER Group Exemption Number (GEN) if any ▶			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA	Foreign country
10 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ RE INVESTMENTS			
<input type="checkbox"/> Hired employees (Check the box and see line 13.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶			
<input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Created a pension plan (specify type) ▶			
11 Date business started or acquired (month, day, year). See instructions. JULY 9, 2010		12 Closing month of accounting year DECEMBER	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Form 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural 0	Household 0	Other 0	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). N/A			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input type="checkbox"/> Other (specify)			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. REAL ESTATE INVESTMENTS			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name PAULA AGUILAR		
Third Party Designee	Designee's telephone number (include area code) (305) 932-8262		
	Designee's fax number (include area code) (305) 933-9393		
Third Party Designee	Applicant's telephone number (include area code) (305) 932-5773		
	Applicant's fax number (include area code) ()		
Under penalty of perjury, I declare that I have completed this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print name) ▶ PABLO MAURICIO GAMPEL			
Signature ▶ <i>[Signature]</i> Date ▶ 7/26/10			

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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