

40000072463

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

SEP 14 2012

EXAMINED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Las Cales 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 Gampel
Name of Person

GMP MGMT 2012 LLC
Firm/Company

1835 NE Miami Gardens Dr. #173
Address

North Miami Beach FL 33179
City/State and Zip Code

Pablo@gmpcompany.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Gampel at 786 245 5178
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAS CAJAS 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 07/09/2010 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:

Strang Adams, P.A.

New Registered Office Address:

1130 Washington Avenue Third FL
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	PABLO M. GAMPOL	1835 NE MIAMI GARDENS DR #173 NORTH MIAMI BEACH, FLORIDA 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NATALIA PEREZ	1835 NE MIAMI GARDENS DR #173 NORTH MIAMI BEACH, FLORIDA 33179	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GMP MGMT 2012 LLC	1835 NE MIAMI GARDENS DR #173 NORTH MIAMI BEACH, FLORIDA 33179	<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

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

Dated 9/10/2012, _____

Signature of a member or authorized representative of a member
PABLO M. GAMPOL

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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