

L1100000 2746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

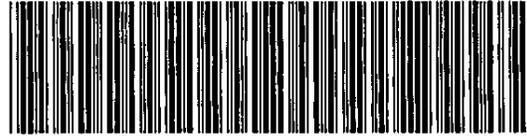
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 13 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALAUCA INVESTMENT GROUP L.L.C.
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:

NORMA F. ECHARTE, ESQ.
Name of Person
NORMA ECHARTE & ASSOCIATES
Firm/Company
801 BRICKELL AVENUE, SUITE 900
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
Norma.Echarte@nfelawmiami.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMA ECHARTE, ESQ. at (**305**) **755-7440**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

NORMA F ECHARTE, ESQ
NORMA ECHARTE & ASSOCIATES
801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

SUBJECT: ALAUCA INVESTMENT GROUP L.L.C.
Ref. Number: L11000002746

We have received your document for ALAUCA INVESTMENT GROUP L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 815A00019090

15 OCT -8 PM 2:03
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2015

NORMA F. ECHARTE, ESQ
NORMA ECHARTE & ASSOCIATES
801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

SUBJECT: ALAUCA INVESTMENT GROUP L.L.C.
Ref. Number: L11000002746

We have received your document for ALAUCA INVESTMENT GROUP L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 415A00012167

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TALLAHASSEE FLORIDA
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

NORMA F. ECHARTE, ESQ
NORMA ECHARTE & ASSOCIATES
801 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

SUBJECT: ALAUCA INVESTMENT GROUP L.L.C.
Ref. Number: L11000002746

We have received your document for ALAUCA INVESTMENT GROUP L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 315A00009337

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TALLAHASSEE FLORIDA

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

ALAUCA INVESTMENT GROUP L.L.C.

(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 01/06/2011 and assigned
Florida document number L11000002746.

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)

14332 ROLLING ROCK PLACE
WELLINGTON, FL 33414

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14332 ROLLING ROCK PLACE
WELLINGTON, FL 33414

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TALLAHASSEE, FLORIDA
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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: Craig T. Galle, Esq.

New Registered Office Address: 13501 SOUTHSHORE BOULEVARD
Enter Florida street address

WESTON, Florida 33414
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 605, 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.

Craig T. Galle

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------------------|--|
| AMBR | GUSTAVO M. PASSANO | GUSTAVO MARIO PASSANO | <input type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input checked="" type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| AMBR | MARIA RUBIOLO | MARIA DE LOS ANGELES RUBIOLO | <input type="checkbox"/> Add |
| | | 5481 WILES ROAD, SUITE 505 | <input checked="" type="checkbox"/> Remove |
| | | COCONUT CREEK, FLORIDA 33073 | |
| AMBR | LUIS LOPEZ | LUIS LOPEZ | <input checked="" type="checkbox"/> Add |
| | | 14332 ROLLING ROCK PLACE | <input type="checkbox"/> Remove |
| | | WELLINGTON, FLORIDA 33414 | |
| | | | <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.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 1, 2015.

Norma Echerte, Esq.
Signature of a member or authorized representative of a member

Norma Echerte, Esq.
Typed or printed name of signee

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Filing Fee: \$25.00

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