

L1000006752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

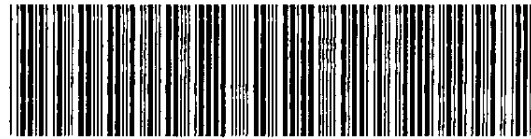
X

Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS
6/21/11
EXAMINER

Office Use Only



800207300348

05/09/11--01040--026 **43.75

06/21/11--01011--005 **45.00

FILED
11 JUN 20 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2011

GLORIA RUIZ
GSR ACCOUNTING SERVICE
6065 NW 167 STREET, B10
MIAMI, FL 33015

SUBJECT: LOS TRES, LLC
Ref. Number: L11000006752

We have received your document for LOS TRES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00012095

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Los Tres, 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:

Gloria S. Ruiz

Name of Person

CSR Acctg. Service

Firm/Company

6065 NW 16th St. #B10

Address

Miami, FL 33015

City/State and Zip Code

gsruiz@bellsouth.net

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria S. Ruiz

Name of Person

at (305) 557-1588

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)

\$1125

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

May 16, 2011

GLORIA RUIZ
GSR ACCOUNTING SERVICE
6065 NW 167 STREET, B10
MIAMI, FL 33015

SUBJECT: LOS TRES, LLC
Ref. Number: L11000006752

We have received your document for LOS TRES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00012095

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LOS TRES, 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 1/18/11 and assigned
Florida document number L11000006752

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

FILED
11 JUN 20 PM 1:02
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

Title	Name	Address	Type of Action
MGR	DIEGO GUSTAVO CASTRILLON 20%	17911 NW 68 AVE #1201 MIAMI, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JUAN CARLOS CERIANA 60%	17911 NW 68 AVE. #1201 MIAMI, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARIANO C. AYALA 20%	17911 NW 68 AVE. #1201 MIAMI, FL 33015	<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

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

Dated

MAY 26, 2011

Signature of a member or authorized representative of a member

DIEGO GUSTAVO CASTRILLON

Typed or printed name of signee