

L11000/02581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

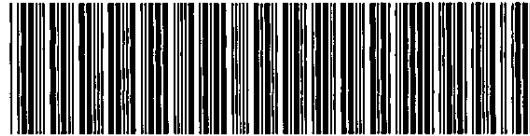
(Business Entity Name)

(Document Number)

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09/11/12--01007--008 **35.00

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2012 SEP 24 PM 4:15

SECONDARY OF STATE
TALLAHASSEE, FL 32309

W

J. BRYAN

SEP 25 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2012

CARLOS CHAN SANCHEZ
GNOSIS PROFESSIONAL SERVICES LLC
5201 BLUE LAGOON DRIVE 9TH FLOOR
MIAMI, FL 33126

SUBJECT: INVERSIONES EL COLORADO LLC
Ref. Number: L11000102581

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for INVERSIONES EL COLORADO 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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 812A00022975

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES EL COLORADO 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:

CARLOS CHAN SANCHEZ

Name of Person

GNOSIS PROFESSIONAL SERVICES LLC

Firm/Company

5201 BLUE LAGOON DRIVE 9TH FLOOR

Address

MIAMI FLORIDA 33126

City/State and Zip Code

gnosisllc@aol.com

E-mail address: (to be used for future annual report notification)

2012 SEP 24 PM 4:15
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

CARLOS CHAN SANCHEZ

Name of Person

at (786)

358-5578/786-389-8443

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**

INVERSIONES EL COLORADO 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 09/07/2011 and assigned
Florida document number L11000102581.

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)

5201 BLUE LAGOON DRIVE

9TH FLOOR (gnosis)

MIAMI FLORIDA 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

JAIME REYES

New Registered Office Address:

5201 BLUE LAGOON DRIVE 9TH floor (gnosis)

Enter Florida street address

MIAMI

City

, Florida

33126

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>
MGR	Rita de Vecchis Pucheri	5201 BLUE LAGOON DRIVE 9TH FLOOR (pnosis) MIAMI FLORIDA, 33126	<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

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

FILED
SEP 24 PM 4:15
CLERK OF SUPERIOR COURT
ALBUQUERQUE, NEW MEXICO

Dated _____

Dante Cocciolone

Signature of a member or authorized representative of a member

DANTE COCCIOLONE

Typed or printed name of signee