

L12000027010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

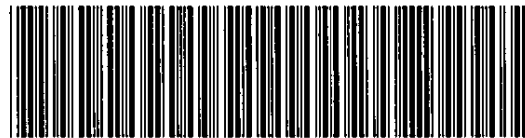
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -5 PM 4:16

MAY 08 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LICLATA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIAN ALVAREZ

Name of Person

LICLATA LLC

Firm Company

2677 NW 79th Avenue

Address

DORAL, FL 33122

City, State and Zip Code

julianeduardo@aol.com

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

For further information concerning this matter, please call:

JULIAN ALVAREZ

Name of Person

305 781-2520

at ()

Area Code

Daytime Telephone Number

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
2601 Executive Center Circle
Tallahassee, FL 32301

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

LICLATA 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 FLORIDA ^{2/27/12} and assigned Florida document number L12000027010.

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)

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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:

JULIAN ALVAREZ

New Registered Office Address:

2677 NW 79th Avenue

Enter Florida street address

DORAL

City

Florida 33122

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.


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	JULIAN ALVAREZ	2677 NW 79th Avenue DORAL, FL 33122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	BARBRA ROA	9229 SW 170th Path Miami, FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JULIO IAHR, CLAUDIA	900 SW 8 STREET #1207 MIAMI, FL 33130	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

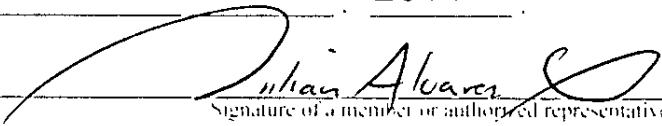
JULIO IHR CLAUDIA SOLD THE 50% PARTNERSHIP INTEREST TO JULIAN ALVAREZ GUERRA

JULIAN ALVAREZ GUERRA OWNS THE 100% OF THE PARTNERSHIP INTEREST

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 MAY 2ND 2014



Signature of a member or authorized representative of a member

JULIAN ALVAREZ GUERRA

Typed or printed name of signee

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SECRETARY OF STATE
DIVISION OF CORPORATIONS