L120000060235

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PICK-UP WAIT MAIL	
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(Document Number)	
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B. BOSTICK

APR 1 1 2014

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	etion '' porations			
SUBJECT: AG	ata I.L.C	ited Liability Company	 -	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Posema	ry Pi-Huan Name of Person		
	Agata	Firm/Company		
	1725 NE	159 <i>s</i> + Address		
	North Mian	i Beach Fl, 33 City/State and Zip Code	162	
	YOSMOry DITH E-mail address: (to be used for future annual report notifi	ication)	
For further information of	concerning this matter, please co	all:	-,	. 0 ;
Rose Mary Name o	Di fuan Person	at (<u>786</u>) <u>760 – 5</u> Area Code Daytime	985 Telephone Number	19 (9) 20) T
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	Status &

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

Acata 110		
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) lity Company)	
(<u></u>	_ / /	
The Articles of Organization for this Limited Liability Company wer	re filed on $3/3/20/2$ and a	ssigned
Florida document number <u>L/200060235</u> .	,	
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)	S ¹¹ 85	
		13
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	::	
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name	e of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·		
	, Florida	 le

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

AMDK = AU	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRH	Javier Gonzalez	1725 NE 1595/	Add
		North Miany Bauch P2,3	3/62 □ Remove
NGDM	Erick Capilla	1725 NE 1599)	
	·	1725 NE 1595/ North Mianis Beach Ft, 33	2/62 PRemove
			Add
			□ Remove
			
			Remove
			7 10 10 10 10 10 10 10 10 10 10 10 10 10
			Add
			☐ Remove.
			□ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receive date that the day was in filed by the Florida Day and past of Storida Day and past of Storida Day		(optional) of be more than 90 days after
ne date this document is fried by the riorida Department of Sta		
·	·	
Dated,	r or authorized representati	ue of a mambay

Page 3 of 3

Filing Fee: \$25.00

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