

L17000023202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

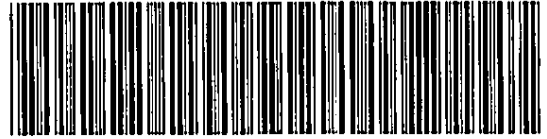
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 26 AM 2:51



WASERSTEIN NUNEZ & FOODMAN

January 25, 2018

Via Federal Express Overnight Delivery

Department of State
Division of Corporations
Certification Section
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Re: Gato Encerrado, LLC

To whom it may concern:

Enclosed please find:

1. Articles of Amendment for Gato Encerrado, LLC, with check No. 1181 in the amount of \$60.00 to cover the cost of filing, a certificate of status, and a certified copy;
2. a Member Resignation or Dissociation for Raquel Rammos of Gato Encerrado, LLC, with check No. 1179 in the amount of \$55.00 to cover the cost of filing and a certified copy;
3. a Member Resignation or Dissociation for Ricardo Rammos of Gato Encerrado, LLC, with check No. 1180 in the amount of \$55.00 to cover the cost of filing and a certified copy.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,
WNF LAW, P.L.
Waserstein Nunez & Foodman

Stephanie Zelaya, Legal Assistant

Enclosures as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GATO ENCERRADO

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:

DENISE L. BEN-DAVID

Name of Person

1111 BRICKELL AVENUE

Firm/Company

SUITE 2200

Address

MIAMI, FLORID 33131

City/State and Zip Code

DBD@WNFLAW.COM

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

For further information concerning this matter, please call:

DENISE L. BEN-DAVID

305

760-8506

Name of Person

at ()

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**

GATO ENCERRADO

(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 FEBRUARY 13, 2013 and assigned
Florida document number L13000023202.

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 contain 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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 26 AM 2:51

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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> |
|--------------|----------------|----------------------|--|
| MMGR | RICARDO RAMMOS | 120 NE 27TH STREET | <input type="checkbox"/> Add |
| | | MIAMI, FLORIDA 33137 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MMGR | RAQUEL RAMMOS | 5875 SW 47TH STREET | <input type="checkbox"/> Add |
| | | MIAMI, FLORIDA 33155 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| 18 JAN 20 11 42 AM '01 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Dec 18, 2017

Gull Thomas

Signature of a member or authorized representative of a member

GUILLERMO RAMMOS

Typed or printed name of signee