L/300007625

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
ž.
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Continuation of Clarks
Special Instructions to Filing Officer:
Called 12/11/14 Spoke w/ Fammy OK to Remove effective dute
500 Kan 1 Tannan
Good Ce wy runny
OK to Remove
eshectivedito

Office Use Only



800267062368 113-76250

12/05/14--01028--002 **25.00 /

Amend



DEC 11 2014 N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

PLATA INVESTMENTS, 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:

TAMMY PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

_786\541-8043

Name of Person

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

PLATA INVESTMENTS, LLC
PLATA INVESTMENTS, 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 MAY 24, 2013 and assigned Florida document number L13000076250
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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action Address** Title **Name** 919 W 39TH ST **AMBR** MARCELO FERNANDEZ **■** Add MIAMI BEACH, FL 33140
Remove □ Add ☐ Remove ☐ Remove ☐ Remove □ Add □ Remove

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)	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
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 November 30 Signature of a member or authorized representative of a member Marcelos Fernandez AMBR	he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
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 November 30 Signature of a member or atthorized representative of a member Marcelos Fernandez AMBR	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
(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 November 30 Signature of a member or authorized representative of a member Marcelos Fernandez AMBR	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
(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 November 30 Signature of a member or authorized representative of a member Marcelos Fernandez AMBR	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
(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 November 30 Signature of a member or authorized representative of a member Marcelos Fernandez AMBR	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days	ional)
November 30 , 2014	the date his document is fried by the Fiorida Department of State)	after
Marcetos Fernandez AMBR	November 30 , 2014	
Marcetos Fernandez AMBR	M. Bunkusten	
	Signature of a member or authorized representative of a member	
Typed/or printed name of signee		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED

14 DEC -5 PH 12: 01

SECKETARY OF STATE
TALLAHASSEE, FLORIDA