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COVER LETTER

	ion Section of Corporations
	TTONSHORE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	Miles L. Plaskett
	Name of Person
	Duane Morris LLP
	Firm/Company
	200 S. Biscayne Blvd., Ste. 3400
	Address
	Miami, Florida 33131
	City/State and Zip Code
	mlplaskett@duanemorris.com and zezitopires@gmail.com E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Miles L. Plask	eett 305 960-2243
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing I	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

FILED 2014 DEC -5 PM 3: 59

SEUNETARY OF STATE TALLAHASSEE, FLORIDA

GATTONSHORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

y were filed on 09/26/2013 and assign	
bility company here:	
bility Company," the designation "LLC" or the abbreviation "L.L.d	
- · · · · · · · · · · · · · · · · · · ·	
Rua Funchal, 375, cj	
Sao Paulo, SP, Brazil 04551-010	
office address on our records, enter the name of	
<u>'e</u> :	
•	
Enter Florida street address	
Florida	
, Florida	

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Add
			□ Remove
		<u></u>	
			Add
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			Add
			□ Remove

it amending any other information	n, enter change(s) nere: (Attach daditional sheets, ij necessa	ry.)
The Employment Identif	ication Number (EIN) is 42-1777464	
1		
•		
		
	,	
. Effective date, if other than the da (The effective date must be specific, cannot the date this document is filed by the Floric	te of filing: (optional be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State))
Dated December 1	2014	
Mil-	- C. Parut	
Si	gnature of a member or authorized representative of a member	
Miles L. Plaskett		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

THE SECRETARY OF STATE