

L14000080800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

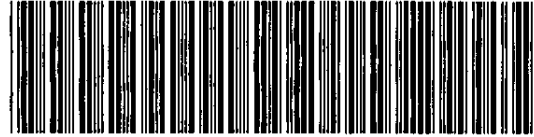
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000269601380

03/02/15--01035--011 **30.00

FILED
15 MAR -2 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARITAPE 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:

MIGUEL SILVA

Name of Person

Firm/Company

224 MADISON DR

Address

NAPLES, FL 34110

City/State and Zip Code

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

For further information concerning this matter, please call:

MIGUEL SILVA

Name of Person

at (239) 290-5009

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

TO
ARTICLES OF ORGANIZATION
OF

GARITAPE 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 5/19/14 and assigned
Florida document number 214000080800

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

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

Page 1 of 3

FILED
15 MAR -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

REMOVE

Title	Name	Address	Type of Action
MGR	HEINZ RICHARD MAASSEN	2130 ARBOUR WALK CR/2714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	
MEMB	JACLYN A MAASSEN	2130 ARBOUR WALK CR/2714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	
MEMB	ALEJANDRO D. MAASSEN	2130 ARBOUR WALK CR/2714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 MAR - 2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 FEBRUARY 23RD, 2015.

Gabriele Maassen

Signature of a member or authorized representative of a member

GABRIELE MAASSEN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 MAR -2 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA