

L14000145381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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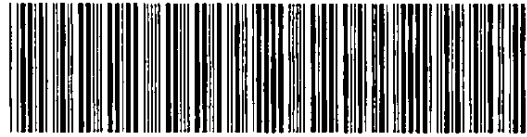
(Business Entity Name)

(Document Number)

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17 JUN 23 PM 12:56

Division of State & Local Government

M. MILLIGAN

JUN 26 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Catalunya International 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:

Susan Bond  
Name of Person

Catalunya International LLC  
Firm/Company

4301 South Flamingo Rd, Suite 100 B5  
Address

Davie, FL 33330  
City/State and Zip Code

Catalunyainternational@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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

Catalunya International, LLC

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

RECEIVED  
DIVISION OF CORPORATE AFFAIRS  
17 JUN 23 PM 12:56

The Articles of Organization for this Limited Liability Company were filed on 09/17/2014 and assigned  
Florida document number L14000145381.

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)

4301 South Flamingo Rd  
Suite #106-135  
Davie FL 33330

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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>                      |
|--------------|----------------------|-------------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Luis Gonzalez</u> | <u>801 NE 3rd Street</u>      | <input type="checkbox"/> Add               |
|              |                      | <u>Dania Beach FL</u>         | <input checked="" type="checkbox"/> Remove |
|              |                      | <u>33004</u>                  | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Susan Bond</u>    | <u>4301 South Flamingo Rd</u> | <input checked="" type="checkbox"/> Add    |
|              |                      | <u>Suite #106-135</u>         | <input type="checkbox"/> Remove            |
|              |                      | <u>Davie FL 33330</u>         | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |
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|              |                      |                               | <input type="checkbox"/> Add               |
|              |                      |                               | <input type="checkbox"/> Remove            |
|              |                      |                               | <input type="checkbox"/> Change            |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 20 2017  
L Bond

Susan Bond  
Typed or printed name of signee

DEPARTMENT OF JUSTICE  
DIVISION OF CONSTITUTIONAL RIGHTS