#L14000178394

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
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K-SALY EXAMPLER JAN - 7 2015





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2014

MCCLEARY & REINSTEIN, PA ANNE L REISTEIN 7461 NW 4TH ST. PLANTATION, FL 33317

SUBJECT: GONTAR, LLC Ref. Number: L14000178394

We have received your document for GONTAR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 214A00026946

COVER LETTER

TO: Registration Division of	n Section Corporations
SUBJECT:	GONTER LLC
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	ANNE J. REINSTEIN
	Mc.C/EARY & REINSTEIN, PA
	7461 NW 4th Smre. Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
4 NN	at (914) Area Code Daytime Telephone Number
. 14	, non cont
Enclosed is a check t	or the following amount:
□ \$25.00 Filing Fe	e \$\Bigcup \$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \$60.00 \text{ 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 ARTICLES OF ORGANIZATION **OF**

FILED
2015 JAN -5 PM 1: 56
SECRETARY OF STATE TALLAHASSEE, FLORIDA
STATE STATE

	0	_	SA	CARRY TO
(N. Cal V. Cal	GONTAR,	<u>LI C</u>	TALL	CRETARY OF STATE AHASSEE, FLORIDA
(Name of the Limited (A	Liability Company as Florida Limited Liabil	it now appears on o	ur records.)	SEE, FLORIDA
The Articles of Organization for this Limited Liab Florida document number <u>L 14 000 178 3 9 9</u>		e filed on//	117/14	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t			ation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicat				
(Principal office address MUST BE A STREET				
Trincipal office anness MOST BETTSTREET	<u></u>	***		
(Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office	address on our	records, enter	the name of the new
Name of New Registered Agent:	AURORA	RICCOBONO		
New Registered Office Address:	AURORA 7461 NW	40 Press		
New Registered Office Address:		Enter Florida str	eet address	
	PLONIATIO	2	, Florida	33317
	/	City		Zip Code
		_		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re company has been notified in writing of this cl	and complete pery ered agent as proves gistered office add hange.	formance of my d pided for in Chapt tress, I hereBy con my - Neud	luties, and I am j er 605, F.S. Or, nfirm that the lin	familiar with and if this document is nited liability
accept the obligations of my position as registable being filed to merely reflect a change in the re	agent and agree to and complete per, ered agent as prov gistered office adq	o act in this capac formance of my d vided for in Chapt fress, I hereby con	city. I further ag luties, and I am j er 605, F.S. Or,	zip Code ree to comply with t familiar with and if this document is nited liability

Page 1 of 3

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:

MGR = Mar AMBR = Aut	nager ' thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	ARTURO GONZALEZ SANCHEZ	7461 NW 4th STREET PLANTERON, TL 33317	Add
		PLANTERON, 12 33317	Remove
MER	AURORA RICCOBONO	7461 NW 4t Smee. PLANTONON, FL 33317	Add
		JUANTON, FL 33317	□ Remove
			🖸 Add
			Remove Ti
			Remove TALLHASSEE, FRANCE TALLHASSEE, FRANCE
			PRITE 56
			Add
			Remove
			□ Add
			□ Remove

	the date of filing: (optional , cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
e date this document is filed by the	
Tective date, if other than e effective date must be specific, the date this document is filed by the effective date in the document is filed by the effective date in the date of the effective date in the effective dat	the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00