

L14 000 182941

(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



400269018984

02/09/15--01024--007 **25.00

RECEIVED
15 FEB -9 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4 611111111111 FEB 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALEGRES GULF STREAM, 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:

GREGORY GUTT

Name of Person

Firm/Company

25100 NE 198 TER

Address

MIAMI FLORIDA 33179

City/State and Zip Code

GREGUTT@GMAIL.COM

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

For further information concerning this matter, please call:

GREGORY GUTT

305 7337521

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ALEGRES GULF STREAM, 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 11/26/14 and assigned Florida document number L14000182941.

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)

3201 NE 183 ST

APT 2406

AVENTURA, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3201 NE 183 ST

APT 2406

AVENTURA, FL 33160

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**

15 FEB - 9 AM 8:40
TALLAHASSEE, 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.

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY GUTT	2100 NE 198 TER	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
MGR	ALEJANDRA OTERO	2100 NE 198 TER	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
MGR	ALVARO GUTT	3201 NE 183 ST	<input checked="" type="checkbox"/> Add
		APT 2406	<input type="checkbox"/> Remove
		AVENTURA, FL 33160	
MGR	MARY GRAUER DE GUTT	3201 NE 183 ST	<input checked="" type="checkbox"/> Add
		APT 2406	<input type="checkbox"/> Remove
		AVENTURA, FL 33160	
AMBR	DANIEL GUTT	649 NE 193 TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
AMBR	GREGORY GUTT	2100 NE 198 TER	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MIAMI, FL 33179	

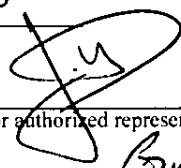
FILED
15 FEB - 9 AM 8:40
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 FEB, 2, 2015



Signature of a member or authorized representative of a member

Gregory Gutt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

11:34
15 FEB - 9 AM 8:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA