

L14000188729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

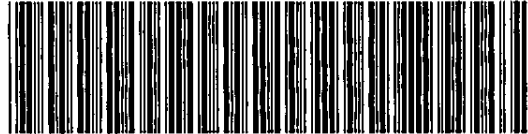
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 04 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

Katzilla Investment, LLC

SUBJECT: _____
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:

Luis E. Gutierrez

Name of Person

Katzilla Investment, LLC

Firm/Company

1600 Ponce de Leon Boulevard, Suite 1201

Address

Coral Gables, FL 33134

City/State and Zip Code

Email address: (to be used for future annual report notification)
lgutierrez@pentaclesenergy.com

For further information concerning this matter, please call:

Francisco J. Gonzalez

Name of Person

at (**954**)

Area Code

554-9000 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



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	MARIANA HERRERA TERAN	1600 Ponce de Leon Boulevard, Suite 1201 Coral Gables, FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS E. GUTIERREZ	1600 Ponce de Leon Boulevard, Suite 1201 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
31/11/2011
15 DEC - 3 PM 11:00

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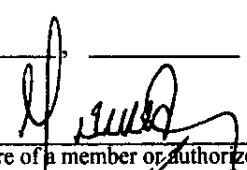
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/30/15


Signature of a member or authorized representative of a member

GUSTAVO MANCERA FONT

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA