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COVER LETTER

TO: Registration Secti Division of Corpo			
-	Katzilla Investment, LL	.c	•
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Luis E. Gutie	rrez	
		Name of Person	
	Katzilla İnves	stment, LLC	
		Firm/Company	
	1600 Ponce of	de Leon Boulevard, Suite 12	201
		Address	
	Coral Gables,	FL 33134	
		City/State and Zip Code	
	lgutterrez@pe	to be used for future annual report notifi	cation)
For further information con-	cerning this matter, please ca		
Francisco J. Gon	zalez	at (<u>954</u>)	
Name of P	erson	Area Code 5540900	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

KATZILLA INVESTMENT, LLC

and assigned
C" or the abbreviation "L.L.C."
7>10 am
5 <u>9 9 7)</u>
ASSET LA TIME
S. S
· · ·
ds, enter the name of the ne
ess
lorida 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIANA HERRERA TERAN	1600 Ponce de Leon Boulevard, Suite 1201 Coral Gables, FL 33134	
·			Remove
			Change
MGR	LUIS E. GUTIERREZ	1600 Ponce de Leon Boulevard, Suite 1201 Coral Gables, FL 33134	Add
			Remove
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Filing Fee: \$25.00