

L15000092064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

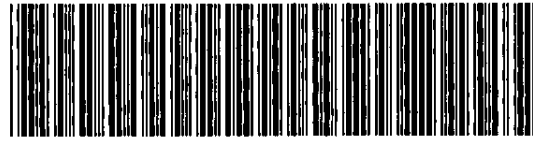
(Business Entity Name)

(Document Number)

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FILED
17 APR -5 AM 7:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



April 4, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via: Fed Ex 7788 1641 3590


**RE: Letcas Investments I, LLC., a Florida limited liability company;
Letcas Investments II, LLC., a Florida limited liability company; and
Letcas 827288 Invests, LLC., a Florida limited liability company
Articles of Amendment to Articles of Organization**

Dear Sir or Madame:

Enclosed please find Articles of Amendment to Article of Organization for Letcas Investments I, LLC, Letcas Investments II, LLC and Letcas 827288 Invests, LLC including check number 4278 in the amount of \$75.00 representing the filing fee for the above referenced entities.

Please feel free to contact our office if you require additional assistance.

Regards,


Cory Muller
Paralegal at
The Duarte Law Firm

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LETCAS INVESTMENTS 1, 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:

Maria Leticia Castano

Name of Person

Firm/Company

11231 NW 20 Street, Unit 141

Address

Coral Gables, FL 33134

City/State and Zip Code

letcasinvestment@gmail.com

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

For further information concerning this matter, please call:

Eugenio Duarte, Esq.

305

444-1958

at (_____) _____

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**

LETCAS INVESTMENTS I, 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 5/26/15 and assigned Florida document number L15000092064.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, Florida _____
City 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>
AMBR	John Jairo Salazar Salazar	11231 NW 20 Street, Unit 141	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Jairo Salazar Salazar	11231 NW 20 Street, Unit 141	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED
17 APR - 5 PM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 April 3, 2017

Maria Leticia Castano

Signature of a member or authorized representative of a member

Maria Leticia Castano Marin

Typed or printed name of signee