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J. HARRIS

COVER LETTER

	gistration Secti vision of Corpo				
SUBJECT:		as Duenas, LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter to	o the following:		
		Ana P Machado			
			Name of Person		
		CTC Management Services	LLC		
			Firm/Company		
		220 Alhambra Circle, 11th	Floor		
			Address		
		Coral Gables, FL 33134			
			City/State and Zip Code	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &	
		rersiones Las Duenas, LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Ana P Machado Name of Person CTC Management Services LLC Firm/Company 220 Alhambra Circle, 11th Floor Address Coral Gables, FL 33134 City/State and Zip Code amachado@mercantilctc.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person at (305) Area Code Daytime Telephone Number ack for the following amount: g Fee Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate of Status & Certificate Of Certificate Copy (additional copy is enclosed)			
		E-mail address: (to	be used for future annual rep	port notification)	
For further i	nformation cond	cerning this matter, please cal	l:		
Ana Macha			at ()		
	Name of Pe	erson	Area Code	Daytime Telephone	Number
Enclosed is	a check for the f	following amount:			
\$25.00 I	Filing Fee		Certified Copy	sed) (Certificate of Status & Certified Copy

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

Inversiones Las Duenas, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)
the Articles of Organization for this Limited Liability Composition or the Liability Composition of th	any were filed on	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	N/A	-1 12
incipal office address MUST BE A STREET ADDRESS	Σ	
		55
ter new mailing address, if applicable:	N/A	The state of the s
Tailing address MAY BE A POST OFFICE BOX)		51 5
		5/ G
If amending the registered agent and/or registered gistered agent and/or the new registered office address Name of New Registered Agent: N/A		ords, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street aa	dress
	City	, Florida
nuy Degistered Agent's Signature if shanging Degistered Age	•	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>	Address	Type of Action
MGR	Victoria E Ramirez	5875 COLLINS AVENUE	Add
		MIAMI BEACH, FL 33140	■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	Carlota E Ramirez	5875 COLLINS AVENUE	
· · · <u>-</u> · · ·		MIAMI BEACH, FL 33140	■ Remove
			☐ Change
		_	_ □ Add
			□ Remove
			□ Change
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N/A	- · ·			
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Note: If the date ins	her than the date of filing: ed, the date must be specific and cannot be perted in this block does not meet the ap date on the Department of State's reco	plicable statutory filing require	(optional) 90 days after filing.) Pursuar ements, this date will not	nt to 605.0207 (be listed as t
	es a delayed effective date, but fter the record is filed.	not an effective time, a	t 12:01 a.m. on the	earlier of:
01/15 Dated	2016	1	2	E3
	Jani Jano Go	Thul	<u> </u>	
	Signature of a member or a	authorized representative of a mer	nber Spini	
	By: CTC Manage	ment Collins	11.	
		printed name of signee	<u>レレ . ニー</u>	
			Ç.F.	. S

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