L16000 133181

(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:





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J. HARRIS

COVER LETTER

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

CATELO 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: CARMEN TERESA LOPEZ BRITO Name of Person CATELO LLC Firm/Company 2950 Glades Circle, Unit 16 Address Weston FLORIDA 33327 City/State and Zip Code infocateloasi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 3803545 CARMEN TERESA LOPEZ BRITO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle

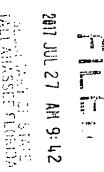
Tallahassee, FL 32301



March 6, 2017

CARMEN TERESA LOPEZ BRITO 2950 GLADES CIRCLE UNIT 16 WESTON, FL 33327

SUBJECT: CATELO "LLC" Ref. Number: L16000133181



We have received your document for CATELO "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Minutes are NOT filed with this office. They are maintained and kept with the company records.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00004231



February 1, 2017

CARMEN TERESA LOPEZ BRITO 2950 GLADES CIRCLE UNIT 16 WESTON, FL 33327

SUBJECT: CATELO FOOD & BEVERAGES LLC

Ref. Number: W17000009228

We have received your document for CATELO FOOD & BEVERAGES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Minutes are not kept with this office. They are maintained and kept within the company.,

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00002032

Jenna D Harris Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATELO LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jiability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on DIVISION CORPORA	TIONS and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
CATELO Food & Beverages LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9090 NW South River Dr. Suite 29		
(Principal office address MUST BE A STREET ADDRESS)	Medley FLORIDA 33166	720	
		5.1	
Enter new mailing address, if applicable:	9090 NW South River Dr. Suite 29	27	
	Medley FLORIDA 33166		
(Mailing address MAY BE A POST OFFICE BOX)		7. F	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>en</u> e:	ter the name of the new	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and to provided for in Chapter 605, F.S.	om familiar with and Or, if this document is	

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
			□ Add
			Remove
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
		25- 25- 25-	☐ Change
			O Add
			Remove 2
			Change
			Remove
			Change

amending any other inform	ation, enter change(s) here: (Attach a	aunional sheets, if necessary,
		<u></u>
		
		
Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this occument's effective date on the	ust be specific and cannot be prior to date of filin block does not meet the applicable statutory	(optional) ng or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed a
e record specifies a delay The 90th day after the re	ed effective date, but not an effect ecord is filed.	tive time, at 12:01 a.m. on the earlier
04/27	2017	2017 Pătil
		ZOIT JUL
	Signature of a member or authorized represen	SSE N

	CARMEN LÓPEZ BRITO	

Page 3 of 3

Filing Fee: \$25.00