

L16000205262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

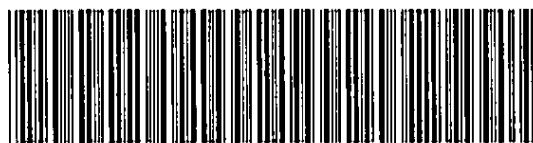
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
TALLAHASSEE FLORIDA

D. BRUCE  
APR 26 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2019

CARLOS KATTAN  
3245 NE 184 ST APT 13111  
MIAMI, FL 33160

SUBJECT: NOTEN TORA LLC  
Ref. Number: L16000205262

We have received your document for NOTEN TORA 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):

The attached form must be completed in order to file the document.

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) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 019A00006906

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOTEN TORA 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:

CARLOS KATTAN  
Name of Person

NOTEN TORA LLC.  
Firm/Company

3245 NE 184 ST APT 13111  
Address

MIAMI FL 33160  
City/State and Zip Code

CARLOS Jaime K@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS KATTAN at 786 241-3798  
Name of Person Area Code Daytime 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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**)

19500 Turnberry Way # 10F  
Aventura FL 33180

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

19500 Turnberry Way # 10F  
Aventura FL 33180

**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:

Carlos E Cohen

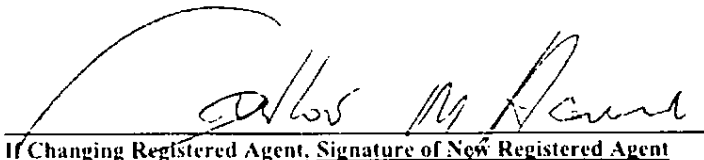
New Registered Office Address:

19500 Turnberry Way # 10F  
Enter Florida street address  
Aventura Florida 33180  
City Zip Code

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**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

Title	Name	Address	Type of Action
Manager	Carlos E Cohen	19500 Turnberry Way #10F	<input checked="" type="checkbox"/> Add
	Carlos Kattan	3275 NE 184 St.	<input checked="" type="checkbox"/> Remove
	Carlos Kattan #13 // Miami FL 33160		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

**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.

Dated MARCH 26, 2019.

  
Signature of a member or authorized representative of a member

CARLOS KATTAN  
Typed or printed name of signee