

L17000251723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

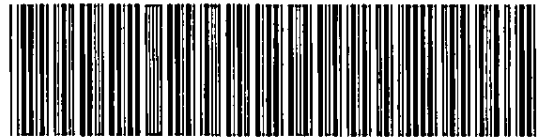
(Business Entity Name)

(Document Number)

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01/31/18--01013--007 \*\*25.00

18 JAN 31 PM 12:50

C. SIMMONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PATAGONIA VENTURES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT CLARK

\_\_\_\_\_  
Name of Person

ROBERT E. CLARK, LLC

\_\_\_\_\_  
Firm/Company

300 SOUTHWARD ST. STE 107

\_\_\_\_\_  
Address

KEY WEST, FL 33040

\_\_\_\_\_  
City/State and Zip Code

robert@robertclark-cpa.com

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

For further information concerning this matter, please call:

ROBERT CLARK

305 363-5429  
at ( )

\_\_\_\_\_  
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



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	ALFREDO GIMENEZ	300 Southard St, Ste 107 Key West, FL 33040	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

PLEASE CHANGE NAME OF EXISTING MEMBER GASTON WAIDATT TO:

GASTON WAIDATT BECK (WAIDATT BECK IS HIS LAST NAME)

12 JAN 31 PM 12:56

**E. Effective date, if other than the date of filing:** 01/25/2018 **(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 JANUARY 25 2018

*Gaston Waidatt Beck*

Signature of a member or authorized representative of a member

GASTON WAIDATT

Typed or printed name of signee