

M16000004107

(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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FILED
2016 SEP 30 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT - 3 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

INTERCONTINENTAL LAW FIRM, P.A.
LORRAINE E PEREZ
3905 NW 107TH AVE, STE. 303
DORAL, FL 33178

SUBJECT: GONZALEZ TAPIA ABOGADOS, LLC
Ref. Number: M16000004107

We have received your document for GONZALEZ TAPIA ABOGADOS, LLC and your check(s) totaling \$305.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00018216

2016 SEP 12 PM 4:21
TALLAHASSEE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2016

INTERCONTINENTAL LAW FIRM, P.A.
LORRAINE E PEREZ
3905 NW 107TH AVE, STE. 303
DORAL, FL 33178

SUBJECT: GONZALEZ TAPIA ABOGADOS, LLC
Ref. Number: M16000004107

2016 SEP 30 PM 12:34
TALLAHASSEE, FLORIDA

We have received your document for GONZALEZ TAPIA ABOGADOS, LLC and your check(s) totaling \$305.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00019711

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONZALEZ TAPIA ABOGADOS, LLC.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORELAINE E. PEREZ

Name of Person

INTERCONTINENTAL LAW FIRM, P.A.

Firm/Company

3905 NW 107th Ave. Suite 303

Address

DORAL, FL 33178

City/State and Zip Code

LPerez@intercontlaw.com

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

For further information concerning this matter, please call:

LORRAINE PEREZ

Name of Person

at (305) 444-1272

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

PD

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: GONZALEZ TAPIA ABOGADOS, LLC.

Enter new principal office address, if applicable: 3905 NW 107TH AVE.
SUITE 303
DORAL, FL 33178

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 3905 NW 107TH AVE.
SUITE 303
DORAL, FL 33178

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

2. The Florida document number of this limited liability company is: M 16000004167

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 20, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: INTERCONTINENTAL LAW FIRM, P.A.

New Registered Office Address: 3905 NW 107TH AVE. SUITE 303

Enter Florida Street Address

DORAL

City

Florida 33178

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
A MBR	PABLO B. GONZALEZ	3905 NW 107TH AVE. SUITE 303	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

LORRAINE E. PEREZ

Typed or printed name of signee

Filing Fee: \$25.00