Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Comporations

Fax Number

: (850)617-6380

From:

Account Name

; SERBER & ASSOCIATES, P.A.

Account Number : 120000000083

.Phone

: (305)932-6262

Fax Number

: {30\$}933-9393

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

COR AMND/RESTATE/CORRECT OR O/D RESIGN LAS CATONAS CORP.

Certificate of Status	0
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Corporate Filing Menu

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NOV 12 2014

11/10/2014

COVER LETTER

TO: Registration Section
Division of Corporations

LAS CATONAS, CORP

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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

F-mail eddress: (to he used for future annual report notification)

For further information concerning this matter, please call:

Yolanda L. Fornaris

,,305、932-6262

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, PL 32314

STREET/COURIER ADDRESS:

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

<u>.</u>	Artifice of Amendment to		5
A	cticles of Incorporation		
LAS CATONAS, CORP	αf		1
(Name of Corporation as currently file	d with the Florida Dept. of	State)	
P12000088391			5. 2
(Document Number of C	orposzion (if known)	· 	 3 ≈ %
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florido Profit (C orporation adopte th	e following amendment(s) to
A. If amending pame, outer the new name of the corr	oration:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association." or the ab	"Inc." or "Co". A profes	" or "Incorporated" sional corporation no	The new or the abbreviation wis must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	uess)		
C. Enter new methos address. If applicable, (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered secon und/or registered of new registered secon und/or the new registered of Name of New Registered Agent		enter the name of th	
		`	
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip	Code)
New Registered Agent's Signiture, if changing Regist I hereby accept the appointment as registered agent. La	<u>eced Agent:</u> un familiar with and accept:	the abligations of the	position.
Signature of New	Registered Agent, If changin	72	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and thie, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Transver: S = Secretary: D = Director: TR = Trustee: C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title; list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following marmer. Cravently John Doe is listed as the PST and Mike Jones is listed as the V: There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doo		
X Remove	<u>v</u>	Milc Jones		
<u>X</u> Add	<u>3v</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1)Change	D	LOCATTI, LUIS C	2875 NE 191st Street, Suite 601	
Add			Aventura, FL 33180	
X Remove				
2) Change	P	S & A Company Management, LLC	2875 NE 191st Street, Suite 801	
X Add			Aventura, FL 33180	
Remove				
3) Change			4000	
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
4) Change	-,			
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

Page 3 of 4

	ne or addine add ditional sheets, if	necessary). (Be specific)	AT LELE.		
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revision	ndment provides s for implements I applicable, inclu	ag the amends	res reclassificat neut 2 not com	ion, or cancel aimed in the o	ation of issued a mendment liveli	hire.
	·					
					<u> </u>	

. . . .

The date of each amendment(s) adeption: November 07th, 2014			
Effective date if applicable:	(no more than 90 days after amendment file date)		
	INCO LIGHT & CLEBAL & CHEEKS PARCE PROPERTY THE MANNEY		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) washvere adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ear for approval.		
	ed by the shareholders through voting groups. The following stamment twiling group entitled to vote separately on the amendment(s):		
	he amendment(s) was/were sufficient for approval		
by	(voling group)		
☐ The amendment(s) was/we're adopted action was not required.	by the board of directors without chareholder action and chareholder		
The amendment(a) was/were adopted action was not required.	by the incorporators without shareholder schion and shareholder		
Dated November	er 07th, 2014		
Signature	tota.		
(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)			
Lu	is C Locatti		
	(Typed ax printed name of person signing)		
Di	rector (Title of person signing)		
	(Tree of beison righting)		