

Division of Corporations

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L09000075874

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP
Account Number : 120130060024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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

Email Address: DMLPA99@AOL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
150 GIRALDA GROUP, LLC

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

Fax Audit #H14000224649 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 150 GIRALDA GROUP, 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:

VANESSA LAGANA

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

Southeast Financial Center, 200 S Biscayne Blvd., Suite 3590

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

DMLPA99@AOL.COM

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

For further information concerning this matter, please call:

VANESSA LAGANA

Name of Person

at 305 442 6544

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

150 GIRALDA GROUP, LLC

(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 08/06/2009 and assigned
Florida document number L09000075874.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

DOMINIQUE M. LEROY P.A.

New Registered Office Address:

169 EAST FLAGLER STREET STE 1428

Enter Florida street address

Miami

Florida

33131

City

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	JM GLOBAL CONSULTING, INC.	131 MADEIRA AVENUE	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
AMBR	CMC ASSET HOLDINGS, LLC	169 EAST FLAGER STREET STE 1428	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
MGRM	LACAYO GROUP, INC	6772 BROOKLINE DRIVE	<input type="checkbox"/> Add
		HIALEAH, FL 33015	<input checked="" 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

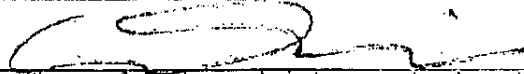
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 16 2014



Signature of a member or authorized representative of a member

Alejandro Miyar, authorized representative of the member

Typed or printed name of signee

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Filing Fee: \$25.00

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