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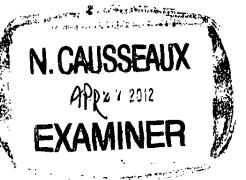


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COVER LETTER

TO: / Registration Sec Division of Corp	
SUBJECT:	MINT APARTMENTS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	RICHARD 6. TOLEDO, ESQ Name of Person
	Name of Person
	\cdot
	Firm/Company
	21 SE 1st Avenue, 10th Floor Address
	Address
	Miami Florida 33131 City/State and Zip Code
	City/State and Zip Code
	PAOLA & ISAWICHYUNDAI, COM E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
PAULA ZAS	Person at (305) 416-0303 Area Code & Daytime Telephone Number
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
525.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINT APA	,				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it nov Limited Liability Cor	v appears on npany)	our rec	ords.)	
The Articles of Organization for this Limited Liability (Company were filed	on	15	2010	and assigned
Florida document number L10000118654					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability comp	any here:			
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability	Company,"	the desig	gnation "LLC	" or the abbreviati
Enter new principal offices address, if applicable:				TALL SEC	12 A
(Principal office address MUST BE A STREET ADDI	RESS)			194 6 50.	R 77
				- <u>Co</u> 5	on [
Enter new mailing address, if applicable:				E O	# III
(Mailing address MAY BE A POST OFFICE BOX)	-			5	+
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office addre	ss on our r	ecords.	, enter the	name of the no
	·				
Name of New Registered Agent:	<u> </u>		<u>.</u>		
New Registered Office Address:				<u></u>	
		Enter Fl	orida s	treet address	
	City		, Flo	orida	ip Code
	Cuy			1.	ap Coue

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	Francesco Lignonolo	1200 Brickell Arenue Suite 620 Miami, Fierda 33131	Add Lemove
MUR	PAOLA CASTILLO RIBON	1200 Brichell Arenue Sinte 1220 Miami, Florida 33131	Add Remove
		-	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.,	
		ALLAHASSEE, FLORID	FILED 12 APR 26 AM II; 34
Dated	4 23 , 200	12	
	Signature of a member	TOLES AUTHORIZED REPRESS or authorized representative of a member	
		WHAD TOLEDO	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00