

L11000007537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FILED
2012 FEB -2 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Feb 3 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2011

MILLER PORTER / MILLER PORTER LLC
14471 SW 139TH AVENUE CIR. WEST
MIAMI, FL 33186

SUBJECT: MILLER PORTER LLC.
Ref. Number: L11000007537

We have received your document for MILLER PORTER LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00027284

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miller Porter 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:

Miller Porter
Name of Person

Miller Porter LLC.
Firm/Company

14471 SW 139th Avenue Cir. West
Address

Miami, Fl. 33186
City/State and Zip Code

reyim@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miller Porter at (**305**) **479-7999**
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miller Porter 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 01-18-11 and assigned Florida document number L11000007537.

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: 14471 SW 139th Avenue Cir. West
(Principal office address MUST BE A STREET ADDRESS) Miami, Fl. 33186

Enter new mailing address, if applicable: 14471 SW 139th Avenue Cir. West
(Mailing address MAY BE A POST OFFICE BOX) Miami, Fl. 33186

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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 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

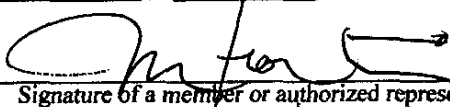
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Nahiomy Paulino	14970 SW 82nd LN #204 Miami, FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

Dated _____


 Signature of a member or authorized representative of a member

MILLER PORTER
 Typed or printed name of signee