## "L11000016437

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SECRETARY OF STATE ON OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 664 N MIANII 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:
Bashir Paniry
Bastire Tanirey  Name of Person  664 N MIAMI LLC
Firm/Company
2300 NE STREET
Address
MIAMI FL 33186  City/State and Zip Code
City/State and Zip Code
BHDP 330 @ GMAIL . COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 935 · 11 41  Area Code & Daytime Telephone Number
The same of the sa
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ S55.00 Filing Fee & \text{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



•		7.7	
664 N.M	MIAMI LLC.		
,	ty Company as it now appears on a Limited Liability Company)	our records.)	
(A Florida	a Limited Liability Company)		
The Articles of Organization for this Limited Liability		8 - 2011 and assigned	
Florida document number L1100001643	<u>.7</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u>" </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new	
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 = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
16R.	BASHIR Paniry	2300 NE 196 STREET MIAMI, FL 33180	Add Remove
MGR	HELEN Paniry	3300 NE 196 STREET MILMIN, FL 33180	Add Remove
<u>UGRM</u>	David Paniry	2300 NE 196 STREET MIAMI, FL 33180	Add Remove
<u>NGRM</u>	HOEN PANIRY	0300 NE 196 STREET	Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
Dated —	Bash farm	or authorized representative of a member	SECRETARY OF STATE DIVISION OF CORFORATIONS
_	Typed or	r printed name of signee	<del></del>

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Filing Fee: \$25.00