

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000100574 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SNYDER GROISMAN P.A.

Account Number : 120120000060

Phone Fax Number : (786)899-2880 : (786)899-2890

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

Email	Address				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPANSION MIAMI BEACH, LLC

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Corporate Filing Menu

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COVER LETTER

	Negistration S Division of Co			
SUBJEC	c. Expansi	on Miami Beach LLC		
BOIME	·	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sul-	omitted for filing.	
Please reta	ırn ali correspo	ondence concerning this matter	to the following:	
		JC Aza		
			Name of Person	****
		Snyder Groisman P	.A.	
			Firm/Company	
		21500 Biscayne Blv		
			Address	
		Aventura, FI 33180		
			City/State and Zip Code	 -
		jc@snydergroisman.	COM to be used for future annual report notif	fication)
For further	information c	oncerning this matter, please c	-	
JC Aza	/ /	Charcell	786 899-2880	
	- cca	i Person	at ()	e Telephone Number
			2.11,	
Enclosed i	s a check for th	he following amount:		
	Filing Fee	S30.00 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		ration Section on of Corporations ox 6327	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Co. Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Expansion Miami Beach 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 April 05, 2012	and assigned	
Florida document number L12000047116			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "L.I.C" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	10275 Collins Avenue, Ste, 323		
	Bal Harbour, FL 33154		
December 19 and 11 and 16 and 15 about	10275 Collins Avenue, Ste. 323		
Enter new mailing address, if applicable:	Bal Harbour , FL 33154		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	7 7 1	
	City	7.1p 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

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

Title	Name	Address	Type of Action
MGR	Omar E Nucete Villalobos	10275 Collins Avenue, Ste 323	■ ∧dd
		Bal Harbour, FL 33154	☐ Remove
			□ Add
			2815 NER 2 Leen P
			2 Rentove PH 12: 14
			D-Add
			□ Remove
			□ Remove
			□ Add
			□ Remove
			····

D. If amending any other inform	nation, enter change(s) here: (Attach additional si	heets, if necessary.)
E. Effective date, if other than the (The effective date must be specific, can the date this document is fited by the	he date of filing: nunt be prior to date of receipt or filed date and cannot be more Florida Department of State)	(optional) than 90 days after
Dated April 24	2015	
$-\mathcal{A}$	Signification of a member or authorized representative of a m	ember
Jennifer Snyder	Authorized Rep.	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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