

LIS 0000 14556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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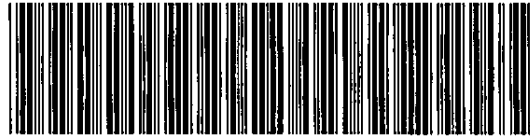
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Shivers APR 29 2015

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MILLECENTO 3606, 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:

Yanina Miculutzki, Esq.  
Name of Person

Yanina Miculutzki P.A  
Firm/Company

20801 BISCAYNE BLVD, STE 306  
Address

Aventura, FL, 33180  
City/State and Zip Code

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

For further information concerning this matter, please call:

Yanina Miculutzki at (305) 792-0439  
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

MILLECENTO 3606, 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 01/26/2015 and assigned Florida document number L15000014590

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)

3451 NE 1<sup>ST</sup> AVENUE  
#1 M606  
MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3451 NE 1<sup>ST</sup> AVENUE  
#1 M606  
MIAMI, FL 33137

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:

CINDY RONINA CHULLMUR

New Registered Office Address:

3451 NE 1<sup>ST</sup> AVENUE  
Enter Florida street address  
MIAMI 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 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.

Cindy  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE

Authorizing the Managers or Authorized Member of 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>
MGR	RICARDO AZUBEL	19950 W. COUNTRY CLUB DR	<input type="checkbox"/> Add
		#903, AVENTURA, FL	<input checked="" type="checkbox"/> Remove
		33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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By amending any other information, effect change(s) here (attach documents 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 April 10, 2015

\_\_\_\_\_  
*[Handwritten Signature]*

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Yanina Micoluzzi FSP.  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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