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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC Account Number : 120080000080 . Phone : (305)642-1090 . Rax Number : (305)642-1010

annual report mailings. Enter only one email address please. **

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COVER LETTER

Division of Co					
SUBJECT: NAFRER	rrc				
3000BC1,	Name of Lin	nited Liability Company	•		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
·	ELIANA AGUILERA				
		Name of Person			
		Firm/Company			
·	632 SOUTH 28TH AVE		,		
		Address			
	HOLLYWOOD, FL. 3302			TAS:	<u>.</u> क
•	VADIRNALLER@ETERI			CRET	AUG .
For further information	E-mail address:	to be used for future annual report notificati all:	on)	ASSEE ASSEE	=
ELIANA AGUILERA	, , ,	954 305-0401		F STA	圣 9.
Name	of Person		ephone Number	BA	04
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

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(5880h a1000 10 de BRZ)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Co (A Florida Limi	mpany as it now appears on our required Liability Company)	cords.)
The Articles of Organization for this Limited Florida document number L16000135248	•		and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
MIA POP'S LLC		·	
The new name must be distinguishable and contain the	words "Limited I	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
		,	
Enter new mailing address, if applicable:		N/A	1. S. 2.
(Mailing address MAY BE A POST OFFICE	E BOX)		E.G.
			57 6 7
	••		SPE - F
B. If amending the registered agent an registered agent and/or the new registered.			77.5
			027
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:		,	
		Enter Florida street ad	dress
			, Florida
		Clty	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.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	AGUILAR, ELIANA	632 SOUTH 28TH AVE	☐ Add
	•	HOLLYWOOD, FL. 33020	■ Remove
	•		☐ Change
MGRM	AGUILERA, ELIANA	632 SOUTH 28TH AVE	Add
		HOLLYWOOD, FL. 33020	, □ Remove
			☐ Change
			Add
			Remove
			Change SEC
			Add Add The Add Section of the A
			EE, FLORIDA
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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ctive date, if other than the date of f effective date is listed, the date must be specifi If the date inserted in this block does a ment's effective date on the Department	ic and cannot be prior to da not meet the applicable	statutory filing requireme	nts, this date will not be listed
ecord specifies a delayed effective 90th day after the record is file	ve date, but not an led.	effective time, at 1:	2:01 a.m. on the earlie
1 August 3	, <u>2016</u> .		·
Signature	of a member or authorized	representative of a member	
	1/1	11	

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