

04/15/2019
4:13:2019

08:37 AM PDT

TO: 18506176383 FROM: 7862171243

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LN000208875
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
(((H1900001232893)))

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(((H19000123289 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : JP GLOBAL BUSINESS
Account Number : 120130000083
Phone : (305)359-3700
Fax Number : (786)217-1243

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

Email Address: master@jpbusiness.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AC MIA LLC

Certificate of Status	0
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2019 APR 15 AM 11:43

(((H1900001232893)))

UHS
4-16-19

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ((C11900001232893)) OF

AC MIA 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 10/09/2017 and assigned Florida document number L17000208875

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1395 Brickell Avenue Suite 1380 Miami, FL 33131

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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: JP GLOBAL BUSINESS SOLUTIONS, INC
New Registered Office Address: 1395 BRICKELL AVENUE, SUITE 1380
MIAMI, Florida 33131

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

((C11900001232893))

Handwritten mark

((H190000 1232893))

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALONSO, RODRIGO	2471 DEER CREEK ROAD WESTON, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PEREZ, JOSE	19501 BISCAYNE BLVD SUITE 300, 1st FLOOR- SPACE 997 AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FRANKLIN THOMAZ, JOSE C	19501 BISCAYNE BLVD SUITE 300, 1st FLOOR-SPACE 997 AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FRANKLIN THOMAZ, LIANA S	19501 BISCAYNE BLVD SUITE 300, 1st FLOOR-SPACE 997 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	FRANKLIN THOMAZ, RENATO S	19501 BISCAYNE BLVD SUITE 300, 1st FLOOR-SPACE 997 AVENTURA, FL 33180	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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