

K21 000040607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

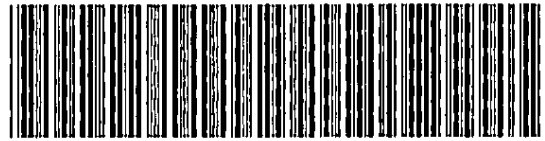
(Business Entity Name)

(Document Number)

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2021 JUN 10 PM 3:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI BEHIND THE LENS 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:

JESUS FERNANDEZ
Name of Person

MYOFB ENTERPRISES LLC
Firm/Company

1301 SW 142 COURT
Address

MIAMI FLORIDA 33184-3225
City/State and Zip Code

JFERNANDEZ626@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS FERNANDEZ at (305) 491-6434
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIAMI BEHHHND THE LENS 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 JANUARY 25 2021 and assigned Florida document number L21000040607.

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 "L.L.C."

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)

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:

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 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 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>
<u>MBR</u>	<u>ANA E MEJIA BECERRA</u>	<u>19380 COLLIMS AVENUE APT B225</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI BEACH FLORIDA 33160</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>GUIDO PRADO</u>	<u>8411 LAGOS DE CAMPO BLVD U302</u>	<input checked="" type="checkbox"/> Add
		<u>TAMARAC FLORIDA 33321</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>LUIS ALBERTO RODRIGUEZ</u>	<u>3391 NE 11 DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>HOMESTEAD FLORIDA 33033-5882</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>MELBA LUCIA SANCLEMENTE</u>	<u>1478 S PALM AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>PEMBROKE PINES FLORIDA 33025</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MBR</u>	<u>JAMES GAIL VITERI</u>	<u>12111 SW 113 AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FLORIDA 33176-4401</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

