

1105000004660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

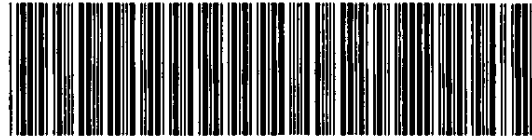
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form

Office Use Only



800289883608

09/07/16--01030--018 **25.01

FILED

2016 OCT -3 PM 1:54 2016 SEP -6 PM 1:02
SECRETARY OF STATE
TALLAHASSEE OFFICE
TALLAHASSEE, FLORIDA

M. MILLIGAN
OCT 04 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2016

DUMENIGO LAW LLC
ATTN: FEDERICO DUMENIGO
11420 N KENDALL DR, STE 108
MIAMI, FL 33176

SUBJECT: MB EDEN LLC
Ref. Number: M05000004660

2011 OCT -3 PM 4:36
TALLAHASSEE, FLORIDA

We have received your document for MB EDEN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 116A00019406

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MB Eden LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Federico Dumenigo
Name of Person

Dumenigo Law
Firm/Company

11420 N Kendall Dr., Suite 108
Address

Miami, FL 33176
City/State and Zip Code

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

For further information concerning this matter, please call:

Federico Dumenigo at (305) 640-8210
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of:

State: MB Eden LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

4525 Collins Ave
Miami Beach FL 33140

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

4525 Collins Ave
miami Beach FL 33140

2. The Florida document number of this limited liability company is: M05000004660

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 22, 2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Dumenigo Law LLC

New Registered Office Address: 11420 N Kendall Dr, Suite 108
Enter Florida Street Address

Miami, Florida 33176
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

FILED
2006 OCT - 3 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:


<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
-----------------------	-------------	----------------	-----------------------

<u>MGR</u>	<u>Rafael Chapur</u>	<u>55 Miracle Mile</u>	<input type="checkbox"/> Add
		<u>Suite 200</u>	
		<u>Coral Gables, FL 33134</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>Manuel Sosa</u>	<u>4525 Collins Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Beach FL</u>	<input type="checkbox"/> Remove
		<u>33140</u>	

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

MANUEL SOSA
 Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
 2016 OCT -3 PM 1:54
 FILED