

L12000004525

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SECONDARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EQUITY INVESTORS OF MIAMI, 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:

LILY AMADOR

Name of Person

SHOMAR ACCOUNTING, PA

Firm/Company

7777 NW 146TH ST

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

LILY@SHOMARACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

LILY AMADODR

Name of Person

at (**305**)

825-1123

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**

EQUITY INVESTORS OF MIAMI, 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 1/10/2012 and assigned
Florida document number L12000004525.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECTION OF STATE
TALLAHASSEE, FLORIDA

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 608, 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 sending MEMBERSHIP Mailing List Members, do not include any and all other information. If sending MEMBERSHIP Mailing List, do not include any and all other information.

MEMBER - Mailing Member
MEMBER - Mailing Member

Title	Name	Address	Phone	Remove
MEMBER	RENATO RANCONI	149 WASHINGTON AVE. SUITE 101 MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
MEMBER	CINZIA ZANELLA	149 WASHINGTON AVE. SUITE 101 MIAMI BEACH FL 33139	<input type="checkbox"/> Add <input type="checkbox"/> Remove	

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D. If sending any other information, enter change(s) here: (Attach additional sheets, if necessary)

202 JUN 17 11:35:57

RENATO RANCONI

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