# L150000 63317

| (Requestor's Name)           |               |              |
|------------------------------|---------------|--------------|
| (Address)                    |               |              |
| (Addre                       | ess)          |              |
| (City/State/Zip/Phone #)     |               |              |
| PICK-UP                      | ☐ WAIT        | MAIL.        |
| (Busin                       | ess Entity Na | me)          |
| (Document Number)            |               |              |
| Certified Copies             | Certificate   | es of Status |
| Special Instructions to Fili | ing Officer:  |              |
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|---------------|--|--|--|--|
|               | gistration Secti<br>ision of Corpo                   |  |  | :  |
| SUBJECT:      | 12200 North N  | Miami Holdings, LLC  | The state of the s | and the second state of th |
| SUBJECT.      | <del></del>  | Name of Limit  | ted Liability Company  | <del></del>  |
|               |  | nendment and fee(s) are subnence concerning this matter t  | _  |  |
|               |  | Leticia B. Cirera  |  |  |
|               |  |  | Name of Person   |  |
|               |  | MACPACJAC Managemen  | nt, LLC  |  |
|               |  |  | Firm/Company   |  |
|               |  | 13322 SW 128 Street  |  |  |
|               |  |  | Address  |  |
|               |  | Miami, Florida 33186   |  | R2   |
|               |  | 3dmannual@gmail.com  | City/State and Zip Code  | PATT CONTRACTOR OF THE PATT OF |
|               |  |  | o be used for future annual report notifi  | cation)  |
| For further i | nformation con                                       | cerning this matter, please ca   | H:   | cation) 22 P   |
| Leticia B. C  | irera  |  | 305 238-0600<br>at (   |  |
| - "           | Name of P  | erson  |  | Telephone Number   |
| Enclosed is   | a check for the                                      | following amount:  |  |  |
| \$25.00 H     | 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**

| 12200 North Miami Holdings, LLC  |   |  |                     |  |
|--|---|--|---------------------|--|
| (Name of the Limite)   | d Liability Compat<br>A Florida Limited L | ny as it now appears on our records.)<br>iability Company) |                     |  |
| The Articles of Organization for this Limited Lia Florida document number L15000063317                                   | bility Company                            | were filed on 04/10/2015                                   | and assigned        |  |
| This amendment is submitted to amend the following   | wing:                                     |  |                     |  |
| A. If amending name, enter the new name of   | the limited liabi                         | lity company here:   |                     |  |
| The new name must be distinguishable and contain the wo  |   |  | breviation "L.L.C." |  |
| Enter new principal offices address, if applicable:  |   | 13322 SW 128 Street  |                     |  |
| (Principal office address MUST BE A STREET   | <u> (ADDRESS)</u>                         | Miami, FL 33186  |                     |  |
| Enter new mailing address, if applicable:  |   | 13322 SW 128 Street  |                     |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | Miami, FL 33186  |                     |  |
| B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent: | Corporation Co                            | mpany of Miami   | the name of the new |  |
| New Registered Office Address:   | 200 S. Biscayne Bivd, Suite 4100 (RIS)    |  |                     |  |
|  | Enter Florida street address              |  |                     |  |

#### 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.

City

Miami

CORPORATION COMPANY OF MIAMI If Changing Registered Agen Signature of New Registered Agent

Raul J. Salas, Wice President

Page 1 of 3

| If amending  | Authorized Person(s) authorized to n from our-records: | nanage, enter the title, name, and add | ress of each person being added |
|--------------|--|--|---------------------------------|
| MGR = M      |  |  |                                 |
| <u>Title</u> | <u>Name</u>  | Address                                | Type of Action                  |
| MGR          | Cirera, Leticia B.                                     | 13322 SW 128 Street                    |                                 |
|              |  | Miami, Florida 33186                   | □ Remove                        |
|              |  |  | ☐ Change                        |
|              | <u>-</u>   |  | Add                             |
|              |  |  | ☐ Remove                        |
|              |  |  | ☐ Change                        |
|              |  |  | Add                             |
|              |  | <del>- 11.</del>                       | □ Remove                        |
|              |  | 1                                      | ☐ Change                        |
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|              |  |  | □ Remove                        |
|              |  |  | Change                          |
|              |  |  |                                 |
|              |  | <del></del>                            | □ Remove                        |
|              |  |  | ☐ Change                        |

| D. If amending any other info                             | rmation, enter change(s) here: (Attach   | additional sheets, if necessary.)   |
|---|--|---|
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| E. Effective date, if other than                          | the date of filing:  | (optional)<br>ing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) |
| Note: If the date inserted in the                         | e must be specific and cannot be prior to date of the his block does not meet the applicable statuto he Department of State's records.   | ory filing requirements, this date will not be listed as the                      |
| f the record specifies a del<br>b) The 90th day after the |  | ctive time, at 12:01 a.m. on the earlier of:                                      |
| Dated   | 2016   |   |
|   |  |   |
|   | Signature of a nambas of much mind   | sertative of a member   |
|   | Signature of a member or authorized repres   | entative of a memoer  |

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Typed or printed name of signee

Filing Fee: \$25.00