

6/30/2017

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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(((H17000173267 3)))



H170001732673ABC1

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To:

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

From:

Account Name : TAXLEAF.COM INC  
 Account Number : I20140000084  
 Phone : (305)541-3980  
 Fax Number : (305)541-7033

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**MITCH 2504 LLC**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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S. WARREN

JUL 03 2017

**H17000173267 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

MICHT 2504 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 01/26/2015 and assigned  
Florida document number L15000014406

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)

**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:

ROMAR INTERNATIONAL LLC

New Registered Office Address:

14334 BISCAYNE BLVD

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33181

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.*

*K. R.*  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

**H17000173267 3**

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**H17000173267 3**  
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

**AMBR=** AuthorizedMember

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**H17000173267 3**

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 27TH, 2017



Signature of a member or authorized representative of a member

**KARINA ROCHA**

Typed or printed name of signee

Page 3 of 3

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**H17000173267 3**