## L03 0000 10510

(R	equestor's Name)	•
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Son Division of Co				
SUBJECT: MIMO N	APLES, LLC			
	(Name of L	imited Liability Company)		
	of Amendment and fee(s) are supposed this matter	ū		
	Leopoldo Carrena			
•	(	(Name of Person)	······································	
Mimo	Naples, LLC.		2005 FEB SECRET TALLAHI	
<del></del>		(Firm/Company)	AFET EB	
301 NW 8	34th Ct., Apt. # 10		EB -2 AH II: 19 ETARY OF STATE AHASSEE, FLORIDA	
		(Address)		-
Mia	ami, Fl, 33126		19 10A	
<del></del> .	(City	/State and Zip Code)	<del></del>	
For further information	concerning this matter, please	cali:		
Leopoldo Car		at (_321) 276 752		
	(Name of Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a check for the	c following amount:			
<b>Ø</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>M</u>	IMO NAPLES, LLC.	
. —	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on March 24, 2003 document number L03000010510	_ and assigned
SECOND:	The following amendment(s) to the Articles of Organization was/valiability company:	were adopted by the limited
	ARTICLE II: The mailing address of the Limited Liability Company is: 12565 Orange Dr., Davie, FL., 33330	
		<del></del>
Dated Jane	uary 28 , 2005 .	FILED  2005 FEB -2 AM II: 19  SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Signature of a member or authorized representative of a me	mber

Filing Fee: \$25.00

Typed or printed name of signee