L04000092099

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

14 DEC 30 PH 12:

COVER LETTER

TO:	Registration Se Division of Cor					
CHR IE	, SOUTHE	ERN MIRANDA, LLC				
SUBJECT: Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Valerie Possenti, Es	sq.			
			Name of Person			
		Weisburd, Eisen & F	Possenti, P.A.			
			Firm/Company			
		2751 Executive Parl	k Dr., Suite 104			
			Address			
		Weston, FL 33331				
			City/State and Zip Code			
		rolig@originalimpres	sions.com to be used for future annual report no	otification)		
For furtl	her information co	oncerning this matter, please c	·	onneation)		
Valeri	e Possenti		954 473-050	00		
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclose	d is a check for th	ne 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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN MIRANDA, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L0400092099	y were filed on December 20, 200	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility 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)		SE 1
		> 5 (4) 84179
Enter new mailing address, if applicable:		1 mil - 1 mil
(Mailing address MAY BE A POST OFFICE BOX)		THE RESERVE
The state of the s		
		0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		7.>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	City	Zin 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

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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGR Roland B. Garcia, Jr. 12900 SW 89 Ct. Add 🖿 Miami, FL 33176 ☐ Remove Preside Roland Garcia, Jr. 12900 SW 89 Ct. □ Add Miami, FL 33176 ■ Remove □ Add ☐ Remove _□ Add ☐ Remove _□ Add _____ □ Remove

D.	If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	(The effective	date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
	Dated	Dec. 19, 2014.
		Deller
		Signature of a member or authorized representative of a member
		Roland Garcia, Jr.
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 DEC 30 PH I2: 55
SECRETARY OF STATE
JALLAHASSEE, FLORID