

LOS000087307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB - 8 2010

EXAMINER



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02/05/10--01038--023 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 FEB - 5 PM 1:34

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE OFFICES AT MILLER PARK, 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:

YAMIL CASTILLO  
Name of Person

N/A  
Firm/Company

5600 SW 135 AVENUE #102  
Address

MIAMI FL 33175  
City/State and Zip Code

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

For further information concerning this matter, please call:

YAMIL CASTILLO at (305) 216-7442  
Name of Person 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

10 FEB -5 PM 11:34

THE OFFICES AT MILLER PARK, 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 9/06/2005 and assigned  
Florida document number 605000087307

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)

12300 SW 130 Street  
#105, MIAMI FL  
33186

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:

GARCIA & PICART

New Registered Office Address:

5600 SW 135 Ave #101

Enter Florida street address

MIAMI

City

Florida

33183

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PATRICIA CHEDIAK	7364 SW 48 Street MIAMI FL. 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DENISE REYES	7364 SW 48 Street MIAMI FL. 33155	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MY FLORIDA HOLDINGS , LLC	12300 SW 130 Street #105, MIAMI FL. 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
YAMIL CASTILLO  
\_\_\_\_\_  
Typed or printed name of signee