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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. HARRIS



COVER LETTER

TO: Amendment Section

| Division of Cor | porations | | | |
|--------------------------|---|--|--|--|
| NAME OF CORPO | ORATION: Mirage Holdings, I | LLC | | |
| | 1BER: | <u> </u> | | |
| | es of Amendment and fee are su | bmitted for filing. | | |
| Please return all corn | respondence concerning this ma | tter to the following: | | |
| | Delaila Estefano, Esq | | | |
| | | Name of Contact Persor | 1 | |
| | Estefano Law, PA | | | |
| | | Firm/ Company | | |
| | 1600 Ponce de Leon Blvd. St | Name of Contact Person to Law, PA Firm/ Company once de Leon Blvd. Suite 804 Address Gables. FL 33134 City/ State and Zip Code fanolaw.com mail address: (to be used for future annual report notification) rning this matter, please call: ant) at (305) 441-0616 | | |
| | | | | |
| | Coral Gables. FL 33134 | | | |
| | | City/ State and Zip Code | e | |
| dela | nila@estefanolaw.com | | | |
| | • | sed for future annual report | notification) | |
| For further informat | ion concerning this matter, pleas | se call: | | |
| Damian Aroche (Le | gal Assistant) | 305 | 441-0616 | |
| Nam | e of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>M</u> | ailing Address | Street | Address | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations | | Division of Corporations | | |
| | O. Box 6327 | | Building | |
| T, | liahaccee FI 30314 | 7661 1 | vecutive Center Circle | |

Tallahassee, FL 32301



January 19, 2016

DELAILA ESTEFANO ESTEFANO LAW PA 1600 PONCE DE LEON BLVD SUITE 804 CORAL GABLES, FL 33134

SUBJECT: MIRAGE HOLDINGS, LLC

Ref. Number: L06000015726

We have received your document for MIRAGE HOLDINGS, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 516A00001141

Jenna D Harris Regulatory Specialist II

2018 JAN 26 PH 2: 18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mrage Hold | Liability Compa Florida Limited L | ny as it now appears o liability Company) | n our records.) | | | |
|--|--------------------------------------|--|----------------------------|----------------|--------------|----------------|
| The Articles of Organization for this Limited Liab | ility Company 1572Co | were filed on 3 | 14/14 | and a | ssigned | |
| This amendment is submitted to amend the follow | ing: | | | | | |
| A. If amending name, enter the new name of the | re limited liµbi | lity company here | • | | | |
| The new name must be distinguishable and contain the word | ls "Limited Liabili | ity Company," the design | nation "LLC" or the abb | reviation " | L.L.ੑÇ." | |
| Enter new principal offices address, if applicab | le: | NIA | y y y y y water a data. | | 67 1 673 | <u> </u> |
| (Principal office address MUST BE A STREET. | ADDRESS) | | | | | 55411 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>2X)</u> | NIA | | | 25 FK 2:48 | - |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | ir records, <u>enter t</u> | <u>he name</u> | of the | <u>e new</u> |
| Name of New Registered Agent: | NIA | | | | | _ _ |
| New Registered Office Address: | | - Enter Florida | street address | | | |
| | - | | , Florida | | | |
| - | | City | | Zip C'ocle | , | |

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--------------------------|----------------|
| MGR | Mazyer Hatami | 1600 Ponce de Leon Blud. | Add |
| | | suite 804 | Remove |
| | | Coral Gables, F.C. 33134 | □ Change |
| | | | □ ^dd |
| | | | Remove |
| | | | □ Change |
| MOR | Delaila Esterano | 1600 Ponce de Con | □ ^dd |
| | | sufe 804 | _ PRomove |
| | | Cercl Gobles, FL 33/34 | _ □ Сhange |
| | | | 🗖 Add |
| | | | _ ☐ Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) | <i></i> | | |
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| R. Effective date, if other than the date of filing: School / 2016 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. |) Pursuant to will not be | 605.0207 listed as | ' (3)(b) the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed. | on the ea | ırlier of | f: |
| Dated January 26 20/6. Signature of a member or authorized representative of a member | | - | |
| Delana Esterno Est Typed of printed name of signee | Te: | - 2016 - | ėz ė |
| Page 3 of 3 | 2. T | JA# 2 | Selfor Selfor |
| Fifing Fee: \$25.00 | | 2. E. E. G. | + 11 - 1 |