(Requestor's Name)
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(Business Entity Name)
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G. MCLEOD

MAR 15 2010

EXAMINER



600171981896

COVER LETTER

Registration Section Division of Corporations						
SUBJECT:	CAJA DE PENSI	ONES VITALICIAS LLO	C			
30B3LC1.		ted Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	dence concerning this matter	to the following:				
	SERGIO NUNEZ Name of Person					
		JURIS MAGISTER Firm/Company				
· ····································						
7928 EAST DRIVE, # 901 Address						
NORTH BAY VILLAGE, FL 33141 City/State and Zip Code						
LUISAGRAMUNT@HOTMAIL.COM						
		to be used for future annual report notif	ication)			
For further information cor	ncerning this matter, please c	all:				
SERC	GIO NUNEZ	at (_305)	7583866			
Name of I	Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
4 4 2 2 3 3 6 4 3 3 3 4 3 3 3 3 3 3 3 3 3 3	Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &			
		(unanionial copy is envisored	(additional copy is enclosed)			
	NG ADDRESS: tion Section	STREET/COUR Registration Section				
Division	of Corporations	Division of Corpo				
P.O. Box Tallahass	x 6327 see, FL 32314	Clifton Building 2661 Executive Co	enter Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAJA DE PENSIONE	ES VITALICIAS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 30th., 2006	and assigned
Florida document numberL06000033780		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MIRAMAR INTERNATION	IAL DEVELOPERS LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:	7928 EAST DRIVE, SUITE 901	
(Principal office address MUST BE A STREET ADDRESS)	NORTH BAY VILLAGE, FL 33141	15 XX
		CRE ON
		7
Enter new mailing address, if applicable:	7928 EAST DRIVE, SUITE 901	3 39 €
(Mailing address MAY BE A POST OFFICE BOX)	NORTH BAY VILLAGE, FL 33141	**************************************
		ω ΔΡ
		2 ≥
B. If amending the registered agent and/or registered of		ame of the new
registered agent and/or the new registered office address her	<u>re</u> :	
N. CN. B. S. JA.		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi	p 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_	·		_
_		N/A/	_
Dated	March 10th.,	2010 . Wan Mul	
		member or authorized refrescripative of a member	
	LU	IS AGRAMUNT, MANAGÉR Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00