

LD6000044 979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

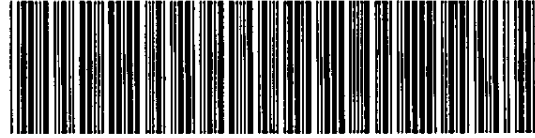
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200311697232

04/19/18--01009--018 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 19 AM 7:59

Filing cancelled  
due to returned check

N COOPER

APR 20 2018

**COVER LETTER**

**Filing cancelled  
due to returned check**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MICOR 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:

RICARDO CORONA, ESQ

Name of Person

Firm/Company

3899 NW 7TH STREET

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

RCORONA@CORONAPA.COM

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

For further information concerning this matter, please call:

RICARDO CORONA, ESQ.

Name of Person

305 at (        )

Area Code

547-1234

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

Filing cancelled  
due to returned check

MICOR 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 05/01/2006 and assigned  
Florida document number L06000044979.

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 contain 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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 19 AM 7:59

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO CORONA	7074 NW 50TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALINA CORONA	7074 NW 50TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Filing cancelled  
due to returned check

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

Filing cancelled  
due to returned check

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 19 AM 7:48

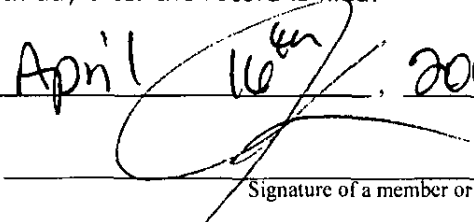
E. Effective date, if other than the date of filing: 04/11/2018 (optional)

(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.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 16<sup>th</sup>, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

RICARDO CORONA

\_\_\_\_\_  
Typed or printed name of signee