

L060000 100367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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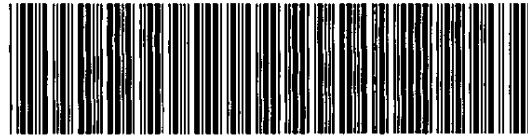
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 02 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mi Tia Ventures, 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:

Diego Gannuza  
Name of Person

Mi Tia Ventures, LLC  
Firm/Company

16477 NE 30 Ave  
Address

North Miami Beach, FL 33160  
City/State and Zip Code

diganuza@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diego Gannuza at (305) 962-0355  
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**

Mi Tia Ventures, 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 10/13/2006 and assigned  
Florida document number LO6000100367.

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)**

251 SW 30 Rd

Miami, FL 33129

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

251 SW 30 Rd

Miami, FL 33129

**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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Diego Genuza	8200 NW 27 St. #118 Doral, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mercedes Menendez	8200 NW 27 St. #118 Doral, FL 33122	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mercedes Menendez	251 SW 30 Rd Miami, FL 33129	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Blanca Prieto	5600 NW 35 Ave Miami, FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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

Dated 08/26/2010, \_\_\_\_\_

Signature of a member or authorized representative of a member

Mercedes Menendez

Typed or printed name of signee

FILED  
SEP - 2 2010  
12:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA