

1060000121623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

106-121623
al

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABC-Miami ENTERPRISES 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:

CARLOS P YELA ESCOBAR
(Name of Person)

ABC-MIAMI ENTERPRISES LLC
(Firm/Company)

2025 NE 164th St Apt 501
(Address)

MIAMI FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS YELA at (786) 439-4198
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

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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

ABC-Miami Enterprises LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/22/2006 and assigned document number 606000121623

SECOND: This amendment is submitted to amend the following:

Change of address

TO: 2025 N.E. 164ST ST APT 501

Miami FL 33162

ALSO: SEE ATTACHED ADD Article IV

MANAGER OR MANAGING MEMBER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated _____



Signature of a member or authorized representative of a member

Patricio Yela

Typed or printed name of signer

Filing Fee: \$25.00

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

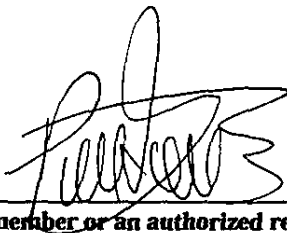
VELA ESCOBAR CARLOS P.
2025 NE 164TH ST APT. 501
MIAMI, FL 33162

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

X 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Patricia Yela E

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)