

L07000077060

(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



200157259872

06/25/09--01012--019 **175.00

FILED

09 JUN 25 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miamiprop Two 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:

Candy Monson
Name of Person

Abbe Advisory
Firm/Company

700 Eleventh Street South, PH2
Address

Naples, FL 34102
City/State and Zip Code

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

FILED
09 JUN 25 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person at (239) 430-4310
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

Miamidrop Two LLC

Page 1 of 2

FILED
JUN 25 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
Mgr	AOMAC Limited	700 Eleventh Street South PH 2 Naples, FL 34102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	AOMAC Properties LLC	700 Eleventh Street South PH 2 Naples, FL 34102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
09 JUN 25 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Dated May 20, 2009.

CB Morrison

Signature of a member or authorized representative of a member

Candace B. Morrison

Typed or printed name of signee