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**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 24 A 10: 2

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: 6201 LLC of Miami, 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:						
Thomas O. Wells, Esc	٦,					
·	(Name of Person)					
Thomas O. Wells, P.A						
`	(Firm/Company)	ZODE SEI				
540 Biltmore Way		2008 MAR SECRET				
	(Address)	AR 24 /				
Coral Gables, FL 331	34	24 A				
	(City/State and Zip Code)	A IO: 20 A IO: A				
For further information concerning this matter, please ca	111-	20 TE IDA				
For further information concerning this matter, please call:						
Thomas O. Wells, Esq.	at (305 ) 444-0016	Jackson March on				
(Name of Person)	(Area Code & Daytime Te	repnone Number)				
Enclosed is a check for the following amount:	Dess on Filing For &	T\$60.00 Filing Foo				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &				
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)				
	CONTROL COUNTRY	A DDDECC				
MAILING ADDRESS: Registration Section	STREET/COURIER Registration Section					
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building						
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6201 LLC of Miami, LLC (Name of the Limited Lia (A Flo	ability Company as it now appears or orida Limited Liability Company)	n our records.)	<del> </del>
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/23/	/2008	and assigned
Florida document number <u>L0800008184</u>	<u></u> .		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company here:	·	
6201 of Miami, LLC			
The new name must be distinguishable and end with the "L.L.C."  B. If amending the registered agent and/or		d	· .
registered agent and/or the new registered office		<u> </u>	
'		MAH ZU RETARY AHASSE	T
Name of New Registered Agent:	***	D 12. 12.	
New Registered Office Address:		1. S. 1. D. V.	<u> </u>
	(Enter Florida street address) , Florida		
· ·			
	(City)		(Zip Code)
Now Desistant Agent's Signature if shanging Pag	intered Agents		

## 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 = Mai MGRM = M	nager fanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
· ————			Add Remove
	<u></u>		AddRemove
			Add Remove
			SECRE AHADAdd Remove
			FOR Add
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if n	A T
_			
Dated Marc	Maris /	B 	
	Thomas O. Wells, Esq.	d or printed name of signee	<del> </del>

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Filing Fee: \$25.00