LD8000032658

(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:

L. SELLERS

MAY 3 0 2008

EXAMINER

Office Use Only



300121663253

04/08/08--01036--002 **43.75

SECRETARY OF STATE

Miles Characteristics

COVER LETTER

Division of Corporations
SUBJECT: SNI 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:
Saad N. Ismail (Name of Person)
SNI ENTERPRISES, LLC (Firm/Company)
2050 SW 22 Street, ste 406 (Address)
Miami, FL 33145 (City/State and Zip Code)
For further information concerning this matter, please call:
Gaad N. (Smail at 305, 856-9199 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: Fees were previously paid
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



April 14, 2008

SAAD N. ISMAIL VIRGO ENTERPRISES 2050 SW 22ND STREET, STE. 406 MIAMI, FL 33145

SUBJECT: SNI ENTERPRISES, LLC

Ref. Number: L08000032658

We have received your document for SNI ENTERPRISES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 108A00021977

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOY 6397 Tallahassae Florida 39314



May 15, 2008

SAAD ISMAIL 2050 SW 22ND STREET, STE. 406 MIAMI, FL 33145

SUBJECT: SNI ENTERPRISES, LLC

Ref. Number: L08000032658

We have received your document for SNI ENTERPRISES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 408A00031106

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2008 MAY 28 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

SNT Enterprises, LLC.

TALLAHASSEE. FLORID)

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo 8000032658</u>	were filed on May 22, 2008 and assigned
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liab	ility company here:
The Mirao Grown LLC.	
The U(rgo Group LLC. The new name must be distinguishable and end with the words "Limit"L.L.C."	
Enter new principal offices address, if applicable:	2050 SW 22 Street
(Principal office address MUST BE A STREET ADDRESS)	ste 406
	2050 SW 22 Street Ste 406 Miami, FL 33145
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	

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.

(City)

(Enter Florida street address)

(Zip Code)

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>Address</u> Type of Action Title <u>Name</u> Add Remove □ Add Remove 🗂 Add Remove Add Remove ___ Add Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) W. SMAIL
Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00