L08000112515

(Requestor's Name)
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(Business Entity Name)
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August 7, 2017

MIAMI LAKES INVESTMENTS, LLC GARY A GREEN 1825 PONCE DE LEON BLVD. #372 CORAL GABLES, FL 33134

SUBJECT: MIAMI LAKES INVESTMENTS, LLC

Ref. Number: L08000112515

We have received your document for MIAMI LAKES INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing first page of document (page 1 of 3). Also, the document submitted is not signed. Enclosed are the missing page and the signature page for your convenience. Please fill out hi-lited areas and return to our office.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 217A00015994

COVER LETTER

TO: Registration 8 Division of Co			
Miami La SUBJECT:	kes Investments,LLC		
Sobole 1.	Name of Lim	ited Liability Company	
The enclosed Articles o	enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Gary A Green Name of Person Miami Lakes Investments.LLC Firm/Company 1825 Ponce De Leon Blvd. #372 Address Coral Gables, Florida 33134 City/State and Zip Code garyagreen@hush.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: A Green Name of Person Name of Person		
Please return all corresp	condence concerning this matter	to the following:	
	Gary A Green		
		Name of Person	···
	Miami Lakes Investments,	LLC	
		Firm/Company	, , , , , , , , , , , , , , , , , , ,
	1825 Ponce De Leon Blvd	. #372	
		Address	
	Coral Gables, Florida 3313	34	
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Gary A Green			
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	-		

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

FILED
1140610
2011 AUG 18 PK 2: 16
ASSEF, FLORID

The Articles of Organization for this Limited Liability Company were filed on 12-9-08Florida document number L08000112515 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Zenier A Green	1825 Ponce De Leon Blvd	■ Add
		#372	Remove
		Coral Gables, Florida 33134	□ Change
			□ Add
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			TAURE 18 Remer 2
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Carrie attendance in the	her than the date of ted, the date must be specif	fic and cumnot be prior to	date of filing or more tha	optional) an 90 days after tiling.) Pi	arsuant to 605.02
Note: If the date inse	erted in this block does date on the Departmen	not meet the applicat	le statutory filing requ	irements, this date wi	ll not be listed a
ne record specifie	es a delayed effecti	ive date, but not	an effective time,	at 12:01 a.m. on	the earlier
The 90th day a	fter the record is f	iieu.			
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Page 3 of 3

Filing Fee: \$25.00