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T. PARATTER

COVER LETTER.

TO:

Registration Section
Division of Corporations

SUBJECT:

MALLAS MIRANDA, 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:

David Rodrigues, CPA

Name of Person

David Rodrigues, CPA, PA

Firm/Company

101 N Missouri Ave

Address

Clearwater, FL 33755

City/State and Zip Code

drodrigues123@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Rodrigues, CPA

727_,439-0089

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MALLAS MIRANDA, LLC

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

The Articles of Organization for this Limited Liabi	ility Company were filed on 07/17/2009	and assigned
Florida document number L09000069171	·	SECE 13 JU
This amendment is submitted to amend the following	ing:	HOF RETAR
This amendment is submitted to amend the following the new name of the The new name must be distinguishable and end with the That. C."	e limited liability company here:	PH 12
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter you mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office	Č .	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida st	reet address
-		orida
	City	Zip Code

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Carlota Ramirez de Garcia	1860 VENETIAN POINT DR	✓ Add
		CLEARWATER, FL 33755	Remove
			Add
,			Remove
			\bigcap \text{Add}
			Remove
		<u> </u>	DIESION E CO
			THED STATE S
			Remove
			Add
			Remove

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated July 15	2013
pared	ana alda Cam
	Signature of a member or authorized representative of a member
Ana C. Garcia	a
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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