

L09000089684

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6333

From: Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : 120170000045
Phone : (904) 375-1652
Fax Number : (800) 323-1874

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: mcarroll@live.com

RECEIVED
2017 JUN 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JUN 23 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOYAL CIMA, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 14 2017
Y SUIKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOYAL CIMA 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:

MONICA B CAPULLA
Name of Person
MIAMI BUSINESS SOLUTIONS INC
Firm/Company
2341 EGREMONT DR
Address
ORANGE PARK, FL 32073
City/State and Zip Code
MCAPULLA@LIVE.COM
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA B CAPULLA at (904) 305-7851
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

LOYAL CIMA 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 Liability Company were filed on 09/17/2009 and assigned
Florida document number L 09000089684

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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 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

17 JUN 18 AM 9:49
STATE OF FLORIDA
TALLAHASSEE

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

Title	Name	Address	Type of Action
AR	COMUNAS, NATALIA	10545 NW 29TH TERRACE	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 FLORIDA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

N/A

Multiple horizontal lines for amending information, mostly blank.


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E. Effective date, if other than the date of filing (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Penalty is \$05.0207 (3)(b)
NOTE: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 30TH, 2017


Signature of a member or authorized representative of a member
JORGE E VERAZZA
Typed or printed name of signor