

LD9000100045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

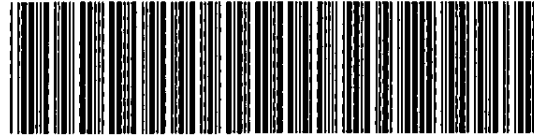
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/12--01051--020 **30.00

FILED
2012 FEB 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 21 2012
EXAMINER



95 Merrick Way, Suite 600
Coral Gables, FL 33134

Telephone: (305) 774-7070
Facsimile: (305) 774-7060
email: lr@lindarothlaw.com

February 1, 2012

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314


RE: MIAMI SPRINGS MANAGEMENT, LLC

Dear Sir/Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization of Miami Springs Management, LLC, a Florida limited liability company, together with a check in the amount of \$30.00, covering for the filing fee thereof and the issuance of a Certificate of Status. Upon filing of the enclosed, please forward proof of filing of same together with the Certificate of Status to the attention of the undersigned.

Should you have any questions with regards to the foregoing, or should you require anything further at this time, please do not hesitate to contact me.

Cordially,

LINDA ROTH, P.A.

LINDA ROTH, ESQ.
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI SPRINGS MANAGEMENT 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:

LINDA ROTH, ESQ.

Name of Person

LINDA ROTH, P.A.

Firm/Company

95 Merrick Way Suite 600

Address

Coral Gables, FL 33134

City/State and Zip Code

lr@lindarothlaw.com

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

For further information concerning this matter, please call:

LINDA ROTH, ESQ.

Name of Person

at (305)

774-7070

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

FILED

2012 FEB 20 PM 1:36

MIAMI SPRINGS MANAGEMENT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 16, 2009 and assigned
Florida document number L09000100045.

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 end with 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:

NIUBYS LEON

New Registered Office Address:

9 North Royal Poinciana Blvd

Enter Florida street address

Miami Springs

, Florida

33166

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

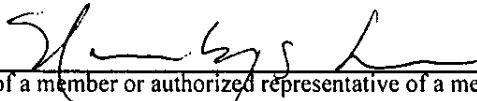
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAMON ROBLES	14989 SW 22 ST Miami, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BIANKA ROBLES	14989 SW 22 ST Miami, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NIUBYS LEON	9 North Royal Poinciana Blvd Miami Springs, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 16, 2011.



Signature of a member or authorized representative of a member
NIUBYS LEON

Typed or printed name of signee

2012 FEB 20 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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