

L10000043754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

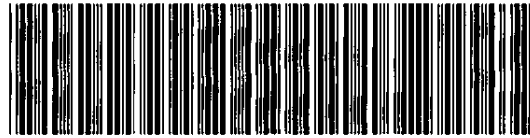
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600181321956

05/27/10--01017--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 27 PM 12:44

FILED

D. BRUCE

MAY 28 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIG09 INVESTMENTS, 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:

GUILLERMO ANDRADE CPA

Name of Person

HERNANDEZ & COMPANY

Firm/Company

2320 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ANDRADE@FLORIDACPA.COM

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

For further information concerning this matter, please call:

GUILLERMO ANDRADE

Name of Person

at (305)

444-8800

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 27 PM 12:44

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIG09 INVESTMENTS, 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 04/23/2010 and assigned
Florida document number L10000043754.

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)

2320 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2320 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

FILED
10 MAY 27 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HERNANDEZ & COMPANY, PA

New Registered Office Address: 2320 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES, Florida 33134
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

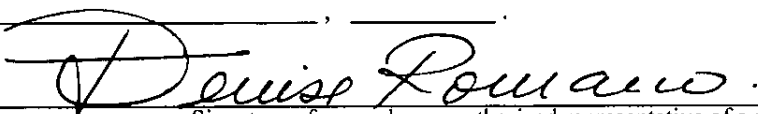
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROMANO, DENISE A.	1534 SOPERA AVENUE CORAL GABLES, FL 33134	☐ Add ☒ Remove
MGR	ROMANO MANAGEMENT	2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
 10 MAY 27 PM 12:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

 Typed or printed name of signee