

L100000125397

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10 DEC 13 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 15 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mia Consulting Management Group, 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:

Pilar Bretos Carvajal

Name of Person

Mia Consulting Group, Inc.

Firm/Company

5208 Alton Road

Address

Miami Beach, FL 33140

City/State and Zip Code

pilar@miaconsulting.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 13 PM 3:29

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For further information concerning this matter, please call:

Pilar Bretos Carvajal

Name of Person

at (305)

864-4248

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**

Mia Consulting Management Group, 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 12/06/2010 and assigned
Florida document number L10000125397.

This amendment is submitted to amend the following:

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

Mia Management Seashore-Biloxi, LLC

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)

5208 Alton Road

Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

Eduardo Carvajal

New Registered Office Address:

9525 Bay Drive

Enter Florida street address

Surfside

Florida

33154

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.

Eduardo Carvajal
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	Pilar Bretos Carval	5208 Alton Road Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Conchy Bretos	5208 Alton Road Miami Beach, FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mia Consulting Group, Inc.	5208 Alton Road Miami Beach, FL 33140	<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.)

12/9/2010

10 DEC 13 PM 3:29

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 12/9/2010

Signature of a member or authorized representative of a member

Pilar Bretos Carvajal
Typed or printed name of signee