1110000007712

(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



200207370922

05/16/11--01029--031 **25.00

T. HAMPTON MAY 17 2011 EXAMINER

COVER LETTER

Division of Corpor	rations	, ,		
SUBJECT: MIA	MI BEACH MAN	AGEMENT SERVICES, L	LC.	
		ited Liability Company		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	٨	ndees O. Deves Marin		
-		ndres O. Perez-Marin Name of Person	the state of the s	
-		Firm/Company		
6404 S.W. 114 PLACE				
		Address		
_	MIAMI FL 33173 US			
		City/State and Zip Code		
_	E-mail address: (to be used for future annual report notificat	ion)	
For further information conc	erning this matter, please o	all:		
Andres O	. Perez-Marin	ot (786) 4/88- 9	932	
Andres O. Perez-Marin at (786) 488-9932 Area Code & Daytime Telephone Number				
	,			
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

Miami Beach Management Services, 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 L	iability Company were filed on	01/20/2011	and assigned		
Florida document number L11000007	7712		SECRETA ISION O		
This amendment is submitted to amend the following	owing:		16 F CO		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	OF STATE RPORATI		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) MIAM	Box 39, 1 Brach,	8404 FL 33139		
B. If amending the registered agent and/or the new registered of		ur records, <u>enter tl</u>	e name of the new		
Name of New Registered Agent:	Andres O. Perez-Marin				
New Registered Office Address:	New Registered Office Address: 6404 S.W. 1/14 PLACE				
	Enter Florida street address				
	Miami	, Florida	33173		
	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

It 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 **Title** <u>Name</u> **Address Type of Action** MGR RODOLFO DUMENIGO MI 1200 Alton Road Miami Beach, Florida ✓ Remove MGR ANDRES O. PEREZ-MARIN 6404 S.W. 114 PLACE ✓ Add ☐ Remove Miami, Florida 33173 Add 🗌 ☐ Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00