# 11000010029

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	14360	) Miami, LLC			
5000EX.11		ted Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Colon Zamora				
Name of Person					
Zamora Professional Services, LLC					
	Firm/Company				
PO Box 669213					
	Address				
Miami, FL 33166					
City/State and Zip Code					
	colonzamora@yahoo.com				
	E-mail address: (t	to be used for future annual report notifica	tion)		
For further information	concerning this matter, please c	call:			
C	olon Zamora	at (_305_)7	789335		
	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 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)		

### 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

,		
14360 M	liami, LLC	
(Name of the Limited Liability Comp (A Florida Limited		<u>ls.)</u>
(A Florida Limited	ł Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on01/25/201	11 and assigned
Florida document number <u>L11000010029</u>		
Florida decument number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
· · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the designation	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1201 Raven Ave	70 <u>-</u>
(Principal office address MUST BE A STREET ADDRESS)	Miami Springs, FL 33166	
		<b>F S S S S S S S S S S</b>
		% o
Futur		T R P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del>2</del> ≥
		<b>夏</b> 州 <b>3</b>
B. If amending the registered agent and/or registered		nter the name of the nev
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	ida
<del></del>	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> **Address** \_\_\_ Add \_\_\_ Remove ☐ Add . ☐ Add \_\_\_ Remove \_\_\_ Remove \_\_\_Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \_\_May 31 Dated Signature of a member or authorized representative of a member Roxana Escobar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00