

L110000018615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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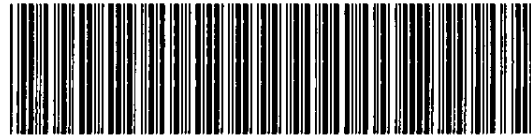
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**MARIA C. ARRIOLA VÉLEZ, P.A.**

MARIA C. ARRIOLA VÉLEZ  
ATTORNEY AT LAW

35 ALMERIA AVENUE  
CORAL GABLES, FL 33134

TELEPHONE: (305) 461-9223  
TELECOPIER: (305) 461-9498  
E-MAIL: MARIV1235@AOL.COM

February 14, 2011

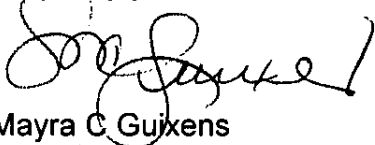
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document #: L11000018615  
1816 One Miami, LLC

Dear Sir/Madam:

Enclosed is the Articles of Amendment to Articles of Organization of 1816 One Miami, LLC, together with our check in the amount of \$25.00 representing your fee for amending same.

Very truly yours,



Mayra C. Guixens  
Assistant to Maria C. Arriola Vélez

/mcg  
encls.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1816 One Miami 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:

Maria C. Arriola Velez  
Name of Person

Maria C. Arriola Velez PA  
Firm/Company

35 Almeria Avenue  
Address

Coral Gables, FL 33134  
City/State and Zip Code

MVelez@velezlawoffices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C. Arriola Velez at ( 305 ) 461-9223  
Name of Person 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**

1816 One Miami 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 February, 2011 and assigned  
Florida document number L11000018615.

This amendment is submitted to amend the following:

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

1816 One Miami West 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)

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:

New Registered Office Address:

*Enter Florida street address*

City, Florida

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>
_____	_____	_____	<input 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
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February, 2011.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Maria C. Arriola Velez  
 \_\_\_\_\_  
 Typed or printed name of signee