# LIIOOOOISSIS

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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(Document Number)				
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SECRETARY OF STATE
FALLAHASSEE, FINDER

D. BRUCE

MAY 18 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corpora	tions	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.	
Please return all corresponden	nce concerning this matter to the following:	
_	RICHARD G. TOLEDO, ESQ.  Name of Person	
	Firm/Company	
_	21 SE 1st Avenue 10th Floor Address	
	Address	
_	Miami Monida 33131 City/State and Zip Code	4-1
	City/State and Zip Code	,
_	E-mail address: (to be used for future annual report notification)	
		:
For further information conce	rning this matter, please call:	3, 3
Duhard 6, 10	oledo, Esq. at (305) 577-9977 To at Area Code & Daytime Telephone Number of	
Name of Pers	son Area Code & Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

TO:

**Registration Section** 

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

999 BRICKELI	1 7	•	
( <u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C Florida document number _LIIOOOOI8818	Company were filed on2_	11 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company,"	' the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)	<del>5</del> <del>2</del> <del>2</del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED MAY 17 MIL: 41 CRETARY OF STATE LAHASSEE, FLORI	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	City	, Florida	
	Cuy	Lip Coue	

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 Title **Type of Action** <u>Name</u> <u>Address</u> 1200 BRICKELL Avenue PAOLA CASTILLO RIBON MGR □ Add Suite 620 Remove Miami FloriOA ☐ 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., 16 Dated AUTITORIZED REPRESENTATIVE Signature of a member or authorized representative of a member RICHARD TOLEDO Typed or printed name of signee

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Filing Fee: \$25.00