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D. BRUCE

SEP 16 2011

EXAMINER

COVER LETTER

Division of Co						
SUBJECT:	MEM	1 1800, LLC				
		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		RAFAEL MENDIBLE				
		Name of Person				
	BRINGABOUT, INC					
	Firm/Company					-
	6205 BLUE LAGOON DR. STE. 130				1 SEP	entreme V V
	Address			HAS VIET		i j
				RY O	UI T	
		MIAMI, FL 33126 City/State and Zip Code			是認	
	INF	INFO@BRINGABOUT.US		STATE	22 22	4 4.
	E-mail address: (to be used for future annual report notific	ation)	DET A	+-	
For further information	concerning this matter, please of	call:				
RAF	AEL MENDIBLE	at (305)	6551589			
Name of Person		Area Code & Daytime		<u>-</u>		
Enclosed is a check for	the following amount:					
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified (additions	e of Stati Copy		sed)
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MEM 180	00, LLC			
(Name	of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for	this Limited Liability Company	were filed on	02/14/2011	and assigned	
Florida document number	L11000018951				
This amendment is submitted to	amend the following:				
A. If amending name, enter the	e new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguisha "L.L.C."	ble and end with the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices add	ress, if applicable:		5		
(Principal office address MUST				28 7	
				A POTENTIAL POTE	
Enter new mailing address, if a	nnlicable			S R C	
(Mailing address MAY BE A PO	• •			22 N	
(1/14/400) Wall 100 1/1/11 120/11 1	<u> </u>				
B. If amending the registere registered agent and/or the new			our records, <u>enter t</u>	he name of the new	
Name of New Registere	ed Agent:				
New Registered Office	Address:				
		Enter Florida street address			
		, 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>	Address	Type of Action
MGRM	MIGUEL GENOVA	1800 N BAYSHORE DR. UNIT 1607 MIAMI, FL 33132	Add Remove
MGR_	MIGUEL GENOVA	1800 N BAYSHORE DR. UNIT 1607 MIAMI, FL 33132	Add ☐ Remove
			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	ויי
		ALCAMASSEE FLORIDA	II SEP 15 BH
Dated	SEPTEMBER 13	2011	_
		Huel A. Cieros	
	Signature of a	member of authorized representative of a member MIGUEL GENOVA	
	***************************************	Typed or printed name of signee	P

Page 2 of 2

Filing Fee: \$25.00