

L110000063180

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EXAMINER



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11/05/12--01041--001 \*\*25.00

FILED  
12 NOV -5 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**RONALD MIAMI LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**ALINE DARMOUNI**

\_\_\_\_\_  
Name of Person

**MASSAT CONSULTING FLORIDA**

\_\_\_\_\_  
Firm/Company

**44 W FLAGLER STREET SUITE 1100**

\_\_\_\_\_  
Address

**MIAMI FL 33130**

\_\_\_\_\_  
City/State and Zip Code

**ad@mcgintl.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALINE DARMOUNI**

\_\_\_\_\_  
Name of Person

at ( **305** ) **600 4405**

\_\_\_\_\_  
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**

**RONALD MIAMI LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

05/31/2011

The Articles of Organization for this Limited Liability Company were filed on 05/31/2011 and assigned  
Florida document number L11000063180.

This amendment is submitted to amend the following:

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

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)

44 W FLAGLER STREET

SUITE 1100

MIAMI FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

44 W FLAGLER STREET

SUITE 1100

MIAMI FL 33130

**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:

MASSAT CONSULTING FLORIDA LLC

New Registered Office Address:

44 W FLAGLER STREET SUITE 1100

*Enter Florida street address*

MIAMI

*City*

, Florida

33130

*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>
MGRM	SALMA FARBER	44 W FLAGLER STREET	<input checked="" type="checkbox"/> Add
		SUITE 1100	<input type="checkbox"/> Remove
		MIAMI FL 33130	
MGRM	PAUL FARBER	44 W FLAGLER STREET	<input checked="" type="checkbox"/> Add
		SUITE 1100	<input type="checkbox"/> Remove
		MIAMI FL 33130	
MGRM	SELMA FARBER	15 BLVD LOUIS II	<input type="checkbox"/> Add
		MONACO MC 98000	<input checked="" 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.)*

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11/01/2012

Dated

*S. Farber*

Signature of a member or authorized representative of a member

SALMA FARBER

Typed or printed name of signee

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Filing Fee: \$25.00