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SECRETARY OF STATE.

J. SAULSBERRY EXAMINER JAN 5 2012

COVER LETTER

TO:	Registration of C					
SUBJECT: M.I. Summertime LLC						
		Name of Lim	ited Liability Company		-	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corres	pondence concerning this matte	r to the following:			
			Maria C. Arriola Velez		_	
			Name of Person			
Maria C. Arriola Velez, PA		PA				
Firm/Company			_			
	35 Almeria Avenue		•			
Address			- R.S	28		
		0	oral Cables El 2242	4	CRE AH	7911 DEC 30
Coral Gables, FL 33134 City/State and Zip Code		TAR ASS	$\frac{\omega}{\omega}$			
		MVel	lez@velezlawoffices.c	com	,333 V Y O	to da
		E-mail address: (to be used for future annual rep	ort notification)	FST	≅ !!
For fur	ther information	concerning this matter, please of	call:		ECRETARY OF STATE: LLAHASSEE: FLORIDA	ထ္ မ မ
	Maria	a C. Arriola Velez	at (305)	461-9223		
	Name	of Person	Area Code &	Daytime Telephone Numb	рег	
Enclose	ed 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 e	nclosed) Certific	filing Fee, cate of Status of ed Copy onal copy is er	
	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Buil	Corporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	M.I. Summertime LLC				
(<u>Name of the Li</u>	mited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limit	ted Liability Company were filed on	June 1, 2011	and assigned		
Florida document numberL1100	0064056				
This amendment is submitted to amend the	e following:				
A. If amending name, enter the new na	me of the limited liability company he	re:			
The new name must be distinguishable and en "L.L.C."	nd with the words "Limited Liability Comp	eany," the designation "Ll	C" or the abbreviation		
Enter new principal offices address, if a	pplicable:	Ē	28 1		
(Principal office address MUST BE A ST		3	e e m		
		A.S.	C = -		
Enter new mailing address, if applicable	0.4	্বিক মুক্ত ক্য			
(Mailing address MAY BE A POST OFF			\$ 5 5 5 5 5 5 5 5 5 5		
		Ā	<u> </u>		
B. If amending the registered agent registered agent and/or the new register		our records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:	The Wall State of the section of the				
	Er	Enter Florida street address			
	City	, Florida	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

FIf 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:

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MGR = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGR Rodolfo Zoppis c/o Maria C. Arriola Velez 35 Almeria Avenue _ Add ✓ Remove Coral Gables, FL 33134 ☐ Add ☐ Remove ☐ Add Remove ΠAdd Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 29 2011 Dated Signature of a member or authorized representative of a member Rodolfo Zoppis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00