

L 11000 140751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

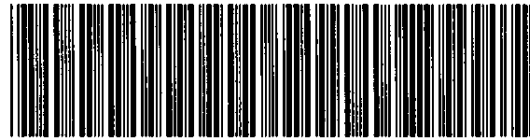
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600242537956

12/12/12--01009--027 **25.00

2012 DEC 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY
EXAMINER

DEC 13 2012

COVER LETTER

• TO: Registration Section
Division of Corporations

LMV-MMC, 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:

Name of Person
LMV-MMC, LLC

Firm/Company
6799 COLLINS AVE., S1203

Address
MIAMI BEACH, FL 33141

City/State and Zip Code
cvillar80@me.com

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

For further information concerning this matter, please call:

LUZ VILLAR

305 873.3335

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 12 AM 10:40

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LMV-MMC, 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 12/14/2011 and assigned
Florida document number L11000140751

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)

6799 COLLINS AVE., S1203

MIAMI BEACH, FLORIDA 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6799 COLLINS AVE., S1203

MIAMI BEACH, FLORIDA 33141

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:

6799 COLLINS AVE., S1203

Enter Florida street address

MIAMI BEACH

Florida 33141

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>
MGR	Fresh Creative Solutions, LLC	6799 COLLINS AVE., S1203	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
MGR	Beyond Design, LLC	975 NE 94 ST	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 12 AM 10:40

FILED
Add
Remove