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14 SEP 26 PM 3: 08
SECRETARY OF STATE

OCT ±2 2014 T. HAMPTON

COVER LETTER

TO: Registration Section **Division of Corporations** 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: LUZ M. VILLAR Name of Person LMV-MMC, LLC Firm/Company 7600 COLLINS AVE, #614 Address MIAMI BEACH, FL 33141 City/State and Zip Code LUZMAVILLAR@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUZ M. VILI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (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

Tailahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
	• •		•
			□ Add
		Colonia Charles	□ Remove
			·
88-0-0			Add A 14. CEE SEE P
			SEP 26 PH 3: 08 RETARY OF STATE AHASSEE, FLORIDA
			☐ Remove
			Remove

If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
i	
The e	certive date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	ed SEPTEMBER 22 2014
	Lun Ma Villar
	Signature of a member or authorized representative of a member LUZ M. VILLAR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEE, FLORID

14 SEP 26 PH 3: 08

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŁMV-MMC, LLC		
(Name of the Lim	Ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on _	2 4 20 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company he	ere:
he new name must be distinguishable and end with the	e words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
3. If amending the registered agent and egistered agent and/or the new registered of		n our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	7600 COLLINS AVE,	
	Enter Flo	rida street address Florida 33141
		, a luita

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 605, 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

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SECRETARY OF STATE