# 112000002886

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 1 5 2012 T. HAMPTON

# **COVER LETTER**

Division of Co	ńi hou suma				
SUBJECT:	ANI	MIAMI, LLC			
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	er to the following:			
		Mauricio Ferrazza			
		Name of Person			
		ANIMIAMI, LLC			
		Firm/Company			
	80	0 Lenox Avenue, Apt. 3			
		Address			
	M	liami Beach, FL 33139			
		City/State and Zip Code			
	mauricioferrazza@gmail.com				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please	call:			
Mau	uricio Ferrazza	at ( 786 )_	208-5964		
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

TO:

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



12 MAR 14 AM 10: 52

ANIMIAN	ЛI, LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records. iability Company)	)
The Articles of Organization for this Limited Liability Company	were filed onJanuary 6th, 2	012 and assigned
Florida document numberL12000002886		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MIA ANIMAT		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	800 Lenox Avenue, Apt. 3	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
	· .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS  12 MAR 14 AM 10: 52
Dated	March 12th , 20	or authorized representative of a member	
	Ma	auricio Ferrazza or printed name of signee	

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Filing Fee: \$25.00