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12 JAN 31 PH 12: 19
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co	Section ^ ^ orporations	,	<i>.</i> •		
SUBJECT:					
		Miami, LLC ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
	·	Ruben Varela			
Name of Person					
5500 Miami, LLC					
Firm/Company					
7000 NW 37th Avenue					
		Address			
Miami, FL 33147 City/State and Zip Code					
	tshirt	tshirtslinenscorp@yahoo.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of		4101)		
	uben Varela of Person	at (<u>786</u>) <u>3</u> Area Code & Daytime	12-7080		
Name	011613011	Alea Code & Daytime	relephone 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

FILED 12 JAN 31 PM 12: 19

(<u>Name of the Limited L</u> (A F	5500 Miami, LLC iability Company as it now appears lorida Limited Liability Company)	SECRETARY OF STATE ON OUR RECORDS.)	
The Articles of Organization for this Limited Liab Florida document number	• • • —	anuary 1, 2012 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here	:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:	······································	
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on ou ee address here:	r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Fnte	r 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 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> **Name** Address **Type of Action** MGR Raimundo Marquez 7144 West 30th Court ☐ Add Remove Hialeah, FL 33018 ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00