

21250000 9291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

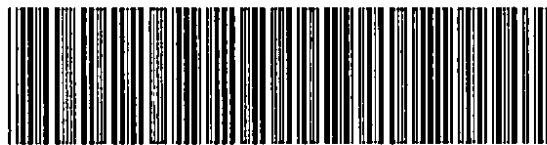
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SEP 01 PM 2:19

SEP 01  
TALL

August 23, 2021

IRA R. SHAPIRO  
16375 N.E. 18TH AVENUE  
SUITE 225  
NORTH MIAMI BEACH, FL 33162

SUBJECT: MEC MIAMI, LLC  
Ref. Number: L12000009291

We have received your document for MEC MIAMI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A type of action needs to be selected for all authorized members to file an amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 421A00020147

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C

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEC MIAMI, LLC

\_\_\_\_\_  
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:

Ira R. Shapiro

\_\_\_\_\_  
Name of Person

Ira R. Shapiro P.A.

\_\_\_\_\_  
Firm/Company

16375 NE 18 Avenue, Suite 225

\_\_\_\_\_  
Address

North Miami Beach, FL 33162

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ira R. Shapiro

305

944-3936

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

MEC MIAMI, 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 01/19/2012 and assigned  
Florida document number L12000009291.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

17201 Collins Avenue, #4107

**(Principal office address MUST BE A STREET ADDRESS)**

Sunny Isles Beach, FL 33160

**Enter new mailing address, if applicable:**

17201 Collins Avenue, #4107

**(Mailing address MAY BE A POST OFFICE BOX)**

Sunny Isles Beach, FL 33160

**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:

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 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>              | <u>Type of Action</u>                   |
|--------------|---------------------|-----------------------------|-----------------------------------------|
| MGR          | PAULA DABUL         | 3140 NE 213 Street          | <input checked="" type="checkbox"/> Add |
|              |                     | Aventura, FL 33180          | <input type="checkbox"/> Remove         |
|              |                     |                             | <input type="checkbox"/> Change         |
| MGR          | MARILINA ASPROMONTE | 17201 Collins Avenue, #4107 | <input checked="" type="checkbox"/> Add |
|              |                     | Sunny Isles Beach, FL 33160 | <input type="checkbox"/> Remove         |
|              |                     |                             | <input type="checkbox"/> Change         |
| MGR          | EVELINA ASPROMONTE  | 17201 Collins Avenue, #4107 | <input checked="" type="checkbox"/> Add |
|              |                     | Sunny Isles Beach, FL 33160 | <input type="checkbox"/> Remove         |
|              |                     |                             | <input type="checkbox"/> Change         |
|              |                     |                             | <input type="checkbox"/> Add            |
|              |                     |                             | <input type="checkbox"/> Remove         |
|              |                     |                             | <input type="checkbox"/> Change         |
|              |                     |                             | <input type="checkbox"/> Add            |
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|              |                     |                             | <input type="checkbox"/> Change         |
|              |                     |                             | <input type="checkbox"/> Add            |
|              |                     |                             | <input type="checkbox"/> Remove         |
|              |                     |                             | <input type="checkbox"/> Change         |

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 10, 2021

LUCAS BRIANT NOVARA

Typed or printed name of signee

**Filing Fee: \$25.00**