## 42000018982

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900334958899

10/11/19--01015--003 \*\*25.00

19 OCT 11 PM 4: 47

HALS ON THE STATE OF STATE OF STATE

LLC Amend.

D CONNELL

## **COVER LETTER**

Divisi	on of Cor	porations		
		MIRAMAR, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The analogue A	eriolog of	Amendment and fee(s) are sub	mitted for tiling	
			•	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	*
		TABADESA ASSOCIAT	ES	
			Firm/Company	
		419 W 49 ST, STE 111		
			Address	
		HIALEAH, FL 33012		
		<del></del>	City/State and Zip Code	
		TAMMYP@TABADESA.	COM to be used for future annual report noti	fication
For further info	venation co	oncerning this matter, please ca		neuron)
		-		12
THAMARA P			305 558 - 062 at ()	. <u></u>
	Name of	l Person	Area Code Daytini	e Telephone Number
Enclosed is a cl	heck for th	ne following amount:		
<b>≘</b> \$25.00 Fili:	ng 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)
		ING ADDRESS: ation Section	STREET/COURI Registration Sectio	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

: . · · ·

Registration Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUCCESS MIRAMAR, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L12000018982</u>	npany were filed on 02/08/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registeredistered agent and/or the new registered office addreses.		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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>	Type of Action
MGRM	JOSE OLIVA GARCIA	419 W 49 ST	
		SUITE 111	Remove
		HIALEAH, FL 33012	
	4		
		☐ Remove	
			Change
		_	Add
			□ Remove
			Change
		□ Remove	
		<del></del>	Change
			Add
		☐ Remove	
			Change
			Add
			□ Remove
			☐ Change

	<u></u>
(If an e <u>Note:</u>	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Datec	77/2019
	Thomas On ale

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00