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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	; #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filling Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp			
		AMAR LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		JOSE ANDRES VAZQUE	Z	
		JOSE ANDRES VAZQUE	Name of Person Z	
		8019 N HIMES AVE STE	Firm/Company 400	
		TAMPA FLORIDA 33614	Address	
		vazquezjose67@yahoo.es	City/State and Zip Code	
For fu	orther information c	E-mail address: (to proceed this matter, please of	o be used for future annual report notifull:	ication)
	ANDRES VAZQU		813 7661489 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	ne 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:

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

FILED

CUBA MIRAMAR LLC

company has been notified in writing of this change.

AR LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)	Acres se
	03/08/2012	API ABACOLLI FORICA and assigned
The Articles of Organization for this Limited Liability Company	were med on	and assigned
Florida document number 1.12000033996		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NOTARY MIRAMAR LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,,
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our re	ecords, enter the name of the n
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
		D
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	·
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete	ree to act in this capacit	y. I further agree to comply with i
provisions of all statutes relative to the proper and complete 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	e address, I hereby confi	rm that the limited liability

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	•		
AMBR = Authorized Member	MGR = Manager		
	AMBR = Authorized Member		

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			□ Remove
			Change
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an effec iot <u>e:</u> 1	re date, if other to ctive date is listed, the form the date inserted ent's effective date	e date must be spec in this block doe.	ific and cannot be pr s not meet the app	dicable statutory fi	more than 90 days after	ional) er filing.) Pursuant to 605 is date will not be list	5.0207 (ed as t
e reco	ord specifies a 90th day after	delayed effec the record is	tive date, but filed.	not an effective	e time, at 12:01	a.m. on the earli	er of
l ated _	DECEMBER 27		1 Der	<u>)</u> .			
		Signatur	to of a mombar of a	uthorized representat	ive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00