## 11200060793

(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
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## **COVER LETTER**

DIV	ision of Corp	ou ations		
SUBJECT:	MATHEW	SUN MILLER LLC		
SUBJECT.		Name of Lim	ited Liability Company	<del>.</del>
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MARIANA VIALE		
			Name of Person	
		MATHEW SUN MILLER	LLC	
			Firm/Company	
		5481 WILES RD STE 505		
			Address	
		COCONUT CREEK FL 3	3073	
			City/State and Zip Code	
		ariel.giglio@deluxerealty.u		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
ARIEL GIG			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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)

TO:

**Registration Section** 

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**

( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	ty Company were filed on $\frac{05}{2}$	04/2012	and assigned
Florida document number L12000060793	<del></del> ·		
his amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		· <del>-</del>	
Principal office address MUST BE A STREET A	ODRESS)		
	2		***************************************
(Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on	our records, ent	er the name of th
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or r	egistered office address on	our records, <u>ent</u>	17 MAY
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	egistered office address on address here:	our records, ent	er the name of the SCORY OF SST. OF SS
Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	egistered office address on address here:		17 MAY

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MATIAS MOLINARI VIALE	5481 WILES RD STE 505	<b>■</b> Add
		COCONUT CREEK FL 33073	☐ Remove
			☐ Change
			□ Remove
	•		☐ Change
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		<del></del>	☐ Change
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			□ Remove
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			□ Change

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than <b>lote:</b> If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filin	g#Pursuant	Fio 605.020 be listed a
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Signature of a member or authorized representative of a me	nber		

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Filing Fee: \$25.00