

L12000062057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

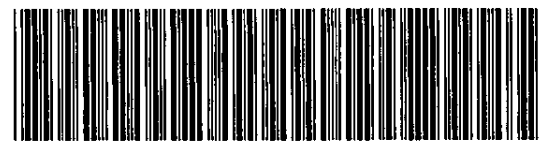
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Amend

Office Use Only



100243919541

02/04/13--01033 --024 **110.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 FEB -6 AM 8:30

FILED

J. SAULSBERRY
EXAMINER

FEB 7 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIAMI RIVER HOLDINGS, 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:

PAOLA CASTILLO

Name of Person

Firm/Company

999 BRICKELL AVENUE, PH1101

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

PAOLA@ISANICHYUNDAI.COM

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

For further information concerning this matter, please call:

PAOLA CASTILLO

Name of Person

305 416-0202

at ()

Area Code & Daytime Telephone Number

REGISTRATION SECTION
TALLHASSEE, FLORIDA

2013 FEB -6 AM 8:30

FILED

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**

MIAMI RIVER HOLDINGS, 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 03/07/2012 and assigned Florida document number L12000062057.

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 end with the words "Limited 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 ADDRESS)

999 BRICKELL AVENUE

PENTHOUSE 1101

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 BRICKELL AVENUE

PENTHOUSE 1101

MIAMI, FLORIDA 33131

FILED
2013 FEB -6 AM 8:30
STATE OF FLORIDA
TALLAHASSEE

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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS J. MATTOS	999 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		PENTHOUSE 1101	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
MGR	PAOLA CASTILLO	999 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		PENTHOUSE 1101	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 02/06/2013 BY 60322
 FILED
 2013 FEB 06 AM 08:30

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JANUARY 31, 2013



Signature of a member or authorized representative of a member

RICHARD G. TOLEDO, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 FEB -6 AM 8:30
TALLAHASSEE, FLORIDA
CLERK OF STATE