

Division of Corporations

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**L12000068417**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : AMBAR DIAZ, P.A.  
Account Number : I20110000016  
Phone : (305) 476-8100  
Fax Number : (305) 476-8788

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: pabelgar@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MIRAMAR TRAVEL AGENCY, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
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**C. LEWIS**  
JUN 27 2012  
**EXAMINER**

Electronic Filing Menu . Corporate Filing Menu

Help

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIRAMAR TRAVEL AGENCY, 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:

AMBAR DIAZ, ESQ.

Name of Person

AMBAR DIAZ, P.A.

Firm/Company

782 N.W. 42 AVE., SUITE 434

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

pabelgar@gmail.com

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

For further information concerning this matter, please call:

Ambar Diaz, Esq.

Name of Person

at ( 305 )

476-8100

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FILED

12 JUN 26 AM 8:55

SEAL: DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

MIRAMAR TRAVEL AGENCY, 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 05/22/2012 and assigned Florida document number L12000068417

**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 "LLC."

**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 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**

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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	PABEL GARCIA, SR.	10242 ALLAMANDA CIR PALM BEACH GARDENS, FL 33410	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

June 19, 2012

Signature of a member or authorized representative of a member

ELVIS GARRIDO

Typed or printed name of signee

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Filing Fee: \$25.00

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PALM BEACH COUNTY, FLORIDA