

12000081662

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AND ANASSEE FORBIO.

B. BOSTICK SEP **2** 5 2012

EXAMINER

COVER LETTER

		; #	
TO:	Registration Section Division of Corporations		
SUBJ	Name of Limited Liability Company		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	Julian Montero Name of Person		
	Montero Wolkov UP		
	1941 Brickell Ave Due, 15th F	100 r	
	Miami, FL 33131 City/State and Zip Code	12 SEP 2	£
	E-mail address: (to be used for future annual report notification)		
For fu	urther information concerning this matter, please call:	PM 4:2	
<u></u>	ulian Montero at 305, 407 1771 Name of Person Area Code & Daytime Telephone Number		
Enclo	sed is a check for the following amount:		
□ \$2	(additional copy is enclosed) Certified	ate of Status &	•

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

MILANEZ:					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records riability Company)	3.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000081662</u>		2017 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:	ANY OF NOSEELT			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	on "LIC" or the abbreviation			
Enter new principal offices address, if applicable:	too Crandon	BEVD			
(Principal office address MUST BE A STREET ADDRESS)	key Biscarine	, FL 33149			
Enter new mailing address, if applicable:	Same as ab	ove			
(Mailing address MAY BE A POST OFFICE BOX)	·				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>en</u> e:	ter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida stree	t address			
	, Florid				
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
			Add
). If amend	ding any other information, enter chang		2 SEP 24 PM
	ptember 21 , 20	7	#: 2
	•	of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00