112000144024

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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T. BROWN

COVER LETTER

no: Registration S no Division of Co			
SUBJECT: 17942N	NW LLC, a Florida Li	imited Liability Company	/
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	,	Name of Person	
	c/o Roxana	Mirabal, P.A.	
	,	Firm/Company	
	3650 NW 82	2 AVENUE, #505	
		Address	
	MIAMI, FLO	RIDA 33166	
	RMPA@BELLSO	City/State and Zip Code	
	_	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
ROXANA N	/IRABAL	_{at} 305 , 593-20)11
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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**

ARTICLES OF A	AMENDMENT O PRGANIZATION OF Inv as It now appears on our records.) Liability Company) 11/14/2012
TO	0
ARTICLES OF O	PRGANIZATION 4400 1250
Ol	F
4=0.40.44.4.4	CARLON AMID.
17942NW LLC	7886.6.
(Name of the Limited Liability Compan (A Florida Limited L	Liability Company)
	si 11/14/2012
The Articles of Organization for this Limited Liability Company	were filed on 11/14/2012 and assigned
Florida document number L12000144024	
This amendment is submitted to amend the following:	
_	
A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	·
,	
Enter new mailing address, if applicable:	MA
(Mailing address MAY BE A POST OFFICE BOX)	
Indiang dadress MAT BE ATOST OFFICE BOA	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the nev
registered agent and/or the new registered office address here	
	1
Name of New Registered Agent:	N/A
N. D	
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Title Name . **Address** Morales, Felicia 14350 NW 56 Court, #100 MGRM Miami, Fl. 33054 Remove 14350 NW 56 Court, #100 **MGRM** Gonzalez-Abreu, Ernesto Miami, Fl. 33054 **■** Remove ☐ Add ☐ Remove □ Add ☐ Remove ☐ Remove

. If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Dated 4/1 , 2014 .	
DANGE TO THE REAL PROPERTY OF THE PERTY OF T	
Signature of a member or authorized the presentative of a Events 5007.9/27- Above Typed or printed name of signer	member

Page 3 of 3

Filing Fee: \$25.00