L12000 147450

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning Suith Manne)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
GPOOLE NO. 2010/10 to Villing G//100/1





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11/29/12--01011--005 **25.00



N. Culligan NOV 3 0 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DIVERSE VENTURES OF MIRMI, LLC Name of Limited Liability Company
Name of Emilied Classifity Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
3. Pater
Name of Person
Firm/Company
1011 BANKS ROSE ST-
Address
CCCGBRATION, R. 34747 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
R. Paris 300 417-2140
Name of Person at (305), 467-3640 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tollaharana Fr. 22224 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

FILED 2012 NOV 29 PM 2: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DIVERSE VE	NTURES OF MIRMILLC
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
	bility Company were filed on 11-21-2012 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Name of New Registered Agent:	Mr.B.Para
New Registered Office Address:	1011 BANKS RUSE ST. Enter Florida street address
	CELGERATION, Florida 34747
	City , Florida S 1 1 1 Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:
the provisions of all statutes relative to the pre accept the obligations of my position as regist	l agent and agree to act in this capacity. I further agree to comply with oper and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange.

If Changing Registered Agent, S

Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title · <u>Name</u> **Address** 9300 SW 75ST. MIRMI PC. 33173 MLK INVESTMENTS 21 FALOW CT. AVE. WAD LUNDUNI U·K. N.12 OEA Remove Add Remove Remove

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
ated	NWAMBER 27, 2012
	A_{5}
	Signature of a member or authorized representative of a member OFFICE Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2012 NOV 29 PH 2: 56
SECRETARY OF STATE

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