## L120001510110H

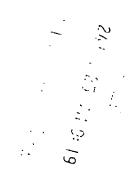
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE APR - 6 2024

Office Use Only



300426170243

03/25/24--01021--025 \*+25.00



## **COVER LETTER**

TO:				2.0	
CUDIE		UARE REALTY LLC			
SUBJE	CI:	Name of Limi	ited Liability Company		_
Division of Corporations  MIAMI SQUARE REALTY LLC					
Please r	etum all correspo	ndence concerning this matter	to the following:		
		Nicolas BILLAUD			
			Name of Person		
			Firm/Company		
		203 Ridgewood Road			
			Address		
		Coral Gables, FL 33 133			
			City/State and Zip Code	<del></del>	
					<u> </u>
		E-mail address: (	to be used for future annual repo	ort notification)	
For furt	her information c	oncerning this matter, please ca	all:		
Nicolas	: Billaud		atí )		
	Name o	f Person	Area Code	Daytime Telephone Num	her
Enclose	ed is a check for the	ne following amount:			
■ \$25	5.00 Filing Fee		Certified Copy	Certif d) Certif	icate of Status & lied Copy
	Division of C			of Corporations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI SQUARE REALTY ILC

MIAMI SQUARE REALTY LLC		1 31 22
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	y were filed on 12/17/2012	and assigned
Florida document number 1.12000156764		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
MIAMI SQUARE CAPITAL LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new register
New Registered Office Address:		
	Enter Florida street add	IPESS
<del></del>	City	Florida
N D	•	inp Olive
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties. provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is
If Ch	anging Registered Agent, <u>Signatu</u>	re of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
		<del></del>	Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Add
		<del></del>	□Remove
			□ Change

## Page 2 of 3

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: [	re date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated _	13/13/2024 - Jil
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00