L/300012314

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400265155734

10/10/14--01022--001 **25.00

14 OCT | 0 PM 2: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 22 2014

T. CARTER

LLC MINGR POSIST

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIA & MAU INVESTMENTS, 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:

JORGE L. GONZALEZ

Name of Person

Gonzalez & Vidal PL

Firm/Company

2100 Coral Way, Suite 502

Address

Miami, FL 33145

City/State and Zip Code

jlgonzalez@gonzalezandvidal.com

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

For further information concerning this matter, please call:

Jorge L. Gonzalez

305, 285-2480

Name of Person

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



SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as i	t appears on the records of the Florida Department
of State is:	MIA & MAU	INVESTMENTS, LLC
2. The Florida doc L13000012	•	igned to this limited liability company is:
3. The date this m	ember/manager withdrew/resig	gned or will withdraw/resign is:
4. I,	Aurora Arias	, hereby withdraw/resign as a
(Print l	Name of Person Resigning)	
	Manager	
	(Print Title)	
resignation in w		limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	
Certified Conv:	\$30.00 (Optional)	