# L170000 Z0109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(enjioute-1,en none nj
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

Office Use Only



100255628191

01/16/14--01009--010 \*\*25.00



2 SURVINE MAR 0 3 2014



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2014

JORGE RODRIGUEZ 9211 SW 72ND ST STE 103 MIAMI, FL 33173

SUBJECT: HIALEAH HEIGHTS, LLC

Ref. Number: L13000020104

We have received your document for HIALEAH HEIGHTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00001636

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CHRIECT.

HIALEAH HEIGHTS, 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 A RODRIGUEZ

Name of Person

J. A. RODRIGUEZ, CPA, LLC

Firm/Company

9211 SW 72ND STREET, STE 103

Address

MIAMI, FL 33173

City/State and Zip Code

iarcpa@me.com

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

For further information concerning this matter, please call:

JORGE A RODRIGUEZ

,,305<u>,</u>595-1783

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIALEAH HEIGHTS, LLC		
( <u>Name of the Limited Čiabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L13000020104	Company were filed on <u>02/07/2013</u>	and assigned
This amendment is submitted to amend the following:	<b>\</b>	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7 jp - 7 co
		7201 —
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la 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 <u>Title</u> Name **Type of Action Address** RAMON REYES **MGR** 6619 S DIXIE HWY #359 MIAMI, FL 33143 **JORDI GUSO** 6619 S DIXIE HWY **AMBR** #359 MIAMI, FL 33143

•	
	<u></u>
	<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than 9	(optional) 0 days after filing.) (605.0207 (3)(b)
Dated JANUARY 08 2014	
Lochico	·
Signature of a member or authorized representative	e of a member
Lochico	e of a member

1、大人間には

Page 3 of 3

Filing Fee: \$25.00