## L13000069872

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	∋ #)
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SICHELARY OF STATE TALL AHASSEE, FLORIDA

## **COVER LETTER**

SUBJECT: Mir	ninos & Dog Name of Limb	igies Dreams I	Place, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	MAYDA	LADICANI Name of Person	<del></del>
	3253 54	Firm/Company  U 118th Court  Address	. ,
		Address	
	Miami .	F1. 33175 City/State and Zip Code	
	mayding 5 E-mail address: (to	City/State and Zip Code  Q 4 a hoo · com  be used for future annual report notification	on)
For further information con	ncerning this matter, please ca		
MAYDA LA Name of I	DICANI Person	at (305) 742 Area Code & Daytime Tel	318 7 Iephone 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:

TO:

Registration Section
Division of Corporations

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 FILED ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on $\frac{Ma + 13}{2013}$ and assigned Florida document number <u>L13000069872</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

City

New Registered Agent's Signature, if changing Registered Agent:

"L.L.C."

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 608, 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.

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Luis A. LADICANI	3253 SW 118th Cour	T (Add)
		3253 SW 118th Cour: Miami . Fl. 33175	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove

. If am	rending any, other information, enter change(s) here: (Attach additional sheets, if necessary.)
<b>e</b> d	July, 26, 2013.
	mhraum
	Signature of a member or authorized representative of a member
	MAYDA LADICAVI  Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED

1013 JUL 29 MI II: 45

SECRETARY OF STATE
IALLAWASSEE, FLORIDA