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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

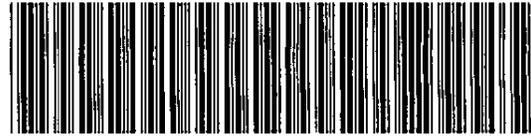
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2014

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12/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARCIA TORREALBA GROUP, 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:

JHONNIE GARCIA
Name of Person
MIAMI EXTREMA, LLC
Firm/Company
977 SW 147 AVE
Address
PEMBROKE PINES, FLORIDA 33027
City/State and Zip Code
MIAMIEXTREMA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JHONNIE GARCIA at (**786**) **3180600**
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**

GARCIA TORREALBA GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/12/2014 and assigned Florida document number L13000070512.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MIAMI EXTREMA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

977 SW 147 AVE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FLORIDA 33027

Enter new mailing address, if applicable:

977 SW 147 AVE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FLORIDA 33027

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:

JHONNIE GARCIA

New Registered Office Address:

977 SW 147 AVE

Enter Florida street address

PEMBROKE PINES

City

Florida 33027

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TALLAHASSEE, FLORIDA
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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JHONNIE GARCIA	977 SW 147 AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA 33027	<input type="checkbox"/> Remove
MGR	ANTONIO TORREALBA	977 SW 147 AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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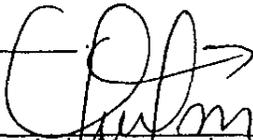
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 12/20/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 12, 2014



Signature of a member or authorized representative of a member

Jhonnie Escarrea

Typed or printed name of signee

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TALLAHASSEE, FLORIDA