L13 000072302

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

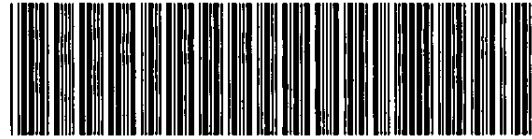☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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SEP 30 2013

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2013 SEP 27 PM 1: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ___MERIDIANO 2013 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:

VALERIA GRUNBAUM

Name of Person

Firm/Company

10978 NW 43 TERRACE
Address

DORAL, FL 33178
City/State and Zip Code

VANINA10@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIA GRUNBAUM at (786) 355-5000
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐$30.00 Filing Fee &   ☐$55.00 Filing Fee &   ☐$60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   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

MERIDIANO 2013 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 _____ 5/17/2013 _____ and assigned
Florida document number _____ L13000072302 _____ .

This amendment is submitted to amend the following:

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

N/A

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: N/A

(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: VANINA VARA

New Registered Office Address: 15811 COLLINS AVENUE

Enter Florida street address

APT 1006, SUNNY ISLES , **Florida**   33160

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 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.

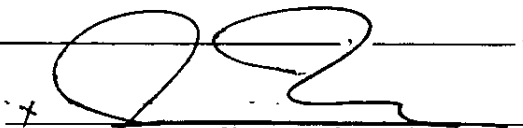If Changing Registered Agent, **Signature of New Registered Agent**

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
.	N/A		
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	Add
_____	_____	_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	
_____	_____	_____	Add
		_____	Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

_____

_____

_____

_____

_____

Dated _____

✗ _____
Signature of a member or authorized representative of a member

VANINA VARA

Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00