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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND ARASSEE FLORID

J. HARRIE

	COVER LETTER
TO: Registration S Division of Co	
3090 Bird	Ave, LLC
	Name of Limited Liability Company
	•
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Leticia B. Cirera
	Name of Person
	MACPACJAC Management, LLC
	Firm/Company
•	13322 SW 128 Street
	Address
	Miami, Florida 33186
	City/State and Zip Code
	3dmannual@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Leticia B. Cirera	305 238-0600 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	he 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 &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip	Code	
	Miami		da <u>33131</u>		
New Registered Office Address:		Enter Florida street address			
New Registered Office Address:	200 S. Biscayne Blvo	i, Suite 4100 (RIS)			
Name of New Registered Agent:	Corporation Compan	y of Miami	· - · · · · · · · · · · · · · · · · · · ·		
		address on our records, g	enter the n	ame (of the new
			<u>⊒</u> m ⊁	7	_

(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>		: # 6 :###\$
Enter new mailing address, if applicable:			·		1447 ML
			- 5 <u>7</u>	22	aurens Compleme
			<u> </u>	<u> </u>	ore, see
(Principal office address MUST BE A STREA	ET ADDRESS)		<u> ∑</u> £	- 	
Enter new principal offices address, if appli	cable:				
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" o	r the abbreviat	on "L.L	C."
A. If amending name, enter the new name of	of the limited liability (company here:			
This amendment is submitted to amend the fol	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX)				
Florida document number L13000072532	·				
	Liability Company were	filed on OFFIGE 2013	aı	nd assi	gned
(Name of the Lim	ited Linbility Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)			
3090 Bird Ave, LLC					

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.

By:

If Changing Registered Agent, Signature of New Registered Agent
Raul J. Salass, Vice President

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pita, Jose R	13322 SW 128 Street	□ Add
		Miami, FL 33186	☐ Remove
			■ Change
			Add
			□ Remove
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			Add
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_		<u>, ,</u>					
	ve date, if other than the da	does not meet	the applicable statut	iling or more than 90 d tory filing requireme	_ (optional) ays after filing.) Punts, this date will	ursuant to 605.02 If not be listed	207 as
Note: 1 docume	ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depa ord specifies a delayed e 90th day after the record	ffective date		ective time, at 1	2:01 a.m. on	ı the earlier	of
Note: 1 docume	If the date inserted in this block ent's effective date on the Depa ord specifies a delayed e	ffective date I is filed.		ective time, at 1.	2:01 a.m. on	the earlier	of
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Note: 1 docume	If the date inserted in this blockent's effective date on the Department's effective date on the Department ord specifies a delayed e 90th day after the record	ffective dated is filed.	e, but not an effe			18 JI SECR TALLA	of

Filing Fee: \$25.00