

L13000077198

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JUN 19 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 20 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MIAMI TRANSFER 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:

Victoria Cuello

Name of Person

Firm/Company

2290 Lowelll Ridge rd Apt E

Address

Baltimore, MD, 21234

City/State and Zip Code

miamitransfer@viresgroup.com

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

For further information concerning this matter, please call:

Victoria Cuello

Name of Person

305 831 4790

at ()

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**

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JUN 19 PM 12:55

MIAMI TRANSFER GROUP, LLC

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**(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 06/01/2013 and assigned
Florida document number L13000077198.

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 "L.L.C."

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

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

MGR = Manager
MGRM = Managing Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated June 12, 2013



Signature of a member or authorized representative of a member

JORGE ALBERTO SCHAMNE

Typed or printed name of signee

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Filing Fee: \$25.00