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. Registration Section TO: **Division of Corporations**

MIA ORLANDO, 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:

Maria I. Arisso Name of Person N/A Firm/Company 650 NE 52nd Terrace Address Miami, FL 33137 City/State and Zip Code

miarisso711@gmail.com

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

For further information concerning this matter, please call:

Maria I. Arisso

Name of Person

786₃₅₁₋₅₈₀₆

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

MIA ORLANDO, LLC				
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability	Company were filed on 05/28/2013	and assigned		
Florida document number L13000080482				
	The state of the s			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo	and "Limited Libility Commons " the dea	ionation "I I C" on the abbassistics		
"L.L.C."	ords Elimited Elability Company, the des	ignation LLC or the appreviation		
Enter new principal offices address, if applicable:				
(<u>Principal office address MUST BE A STREET ADD</u>	RESS)			
		36		
Patricipan Was allow 16 mile 11		AR T		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		17 og 18		
		52 75 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		s, enter the Hame of the new		
registered agent and/or the new registered office ad-	<u>uress here</u> :	` ``		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		lorida		
	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 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>	Name	<u>Address</u> <u>1</u>	ype of Action
S	Lucinda Alonso Arisso	650 NE 52nd Terrace	Add
		Miami, FL 33137	Remove
			-
			Add
			Remove
			_
		> 0 > 0 -	Remove
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		HASSEE FLORIDA	Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	August 20, 2013.	
	Signature of a member or authorized representative of a member	
		8/2
	Typed or printed name of signee	
	Page 3 of 3	

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA