## 11300/05615

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(Requestors Name)
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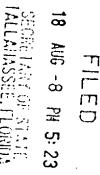
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AUG 11 2018 S. YOUNG



## **COVER LETTER**

TO:	Registration Se Division of Cor	porations			
SUBJE	cr. Mic	ami Executive Pr	operties, LLC		
30001		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ondence concerning this matter	to the following:		
		Summer	- B. Diaz		
			Name of Person		
			Firm/Company		
		8495 S	W 96th ST		
			Address		AAAAAAAAAA
		Miam	i Fl, 33,56		AND THE STATE OF T
			City/State and Zip Code		MI O IT
			in 24 @ hotinail.com		
		E-mail address: (	to be used for future annual report notif	ication)	PH 5: 23 PH 5: 23 PH STATE PH STATE
For furt	her information c	oncerning this matter, please co	all:		i ü
	Summa	Diaz	305 , 200-=	1526	
		f Person		Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>5∄</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Miami Executive Proj	paties, LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000105615</u>	ny were filed on $\frac{\partial 7}{\partial 5} \frac{\partial 5}{\partial 0} \frac{\partial 0}{\partial 5}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	abil <u>ity company here</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	obreviation "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)		FIL 18 AUG -8 SECRETANT
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter</u> ere:	the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Florida	20.00
	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 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 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>	<u>Address</u>	Type of Action
MGR	Rafael A-Diaz	8495 SW 90th ST	
		Mlami, FL, 33156	<b>⊠</b> Remove
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Filing Fee: \$25.00