

113000115507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

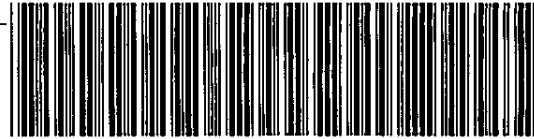
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900293717719

01/04/17--01007--005 \*\*300.00

FILED  
2017 JAN -4 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JAN -6 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Miraizou 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:

Cesar Shlain

\_\_\_\_\_  
Name of Person

Consulting & Service solution Corp

\_\_\_\_\_  
Firm/Company

2020 NE 163 ST 300D

\_\_\_\_\_  
Address

Miami, FL, 33162

\_\_\_\_\_  
City/State and Zip Code

info@csstax.com

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

For further information concerning this matter, please call:

Cesar Shlain

754 227-4895  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Miraizou LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2017 JAN -4 AM 11:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 08/15/2013 and assigned Florida document number L13000115507.

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 contain 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*

*City*, Florida

*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>         | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------|--------------------------------------------|
| MGR          | Himura Holdings LLC | 2020 NE 163 ST 300 D   | <input checked="" type="checkbox"/> Add    |
|              |                     | Miami, FL, 33162       | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
| MGR          | Alex Lafalce        | 2130 NE 121 ST         | <input type="checkbox"/> Add               |
|              |                     | North miami, FL, 33181 | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |

2017 JAN - 4 AM 11:08  
 SECRETARY OF STATE  
 ALABAMA STATE FLOOR

FILED

2011 JAN -4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2017 JAN -4 AM 11:28  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 30, 2016.

Cesar Shlain, Authorized Representative

Typed or printed name of signee