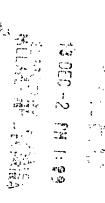
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT

Mircat 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:

Alex Ortiz, CPA

Name of Person

Suarez, Ceballos, Ortiz & Vega, CPA's

Firm/Company

354 Sevilla Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

alex@scovcpas.com

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

For further information concerning this matter, please call:

Alex Ortiz, CPA

,,305、448-5255 ext 3

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

Mircat LLC		
(Name of the Limited Liability Comps (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number L13000145731	y were filed on 10/16/2013	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited lial	dility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1210 Asbury Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Winnetka, IL 60093	
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		2
Now Registered Office Address:		40
	Enter Florida street ad	Idress
<u></u>	, Florida _	
	City	Zip Code
Now Registered Agent's Signature, if changing Registered Agent	L	
I hereby accept the appointment as registered agent and agi	ree to act in this capacity. I further a	gree to comply with

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

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address Title <u>Name</u> Remove Remove Remove Remove Remove

). If amer	nding any other information, e	enter change(s) here: (Attach additional sheets, if necessar)	v.)
_	 .		
_			
_			
_			
nted <u>X</u>	11/19/2013	· · · · · · · · · · · · · · · · · · ·	
	X		
	, =	of a member or authorized representative of a member	
	Miriam Cloquell		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00