## 13000150679

Office Use Only



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04/01/14--01016--012 \*\*25.00



B. BOSTICK

APR - 3 2014

EXAMINER

## **COVER LETTER**

TO: Registration So Division of Co				
, 'A	PLAYANA	IR , LLC		1
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MiGuer	F. HIRABAL	•	
		Name of Person		
	GLOBAL	LEGAL		
		Firm/Company		
	2655 LE	SJEUNE ROAD	SUITE 412	
		Address		
	CORAL GA	BLES, FL,	33134	
		City/State and Zip Code		i` wama
		L @ global to be used for future annual repo		( Costi
For further information c	oncerning this matter, please ca	all:	,	
MIGUEL F	MIRABAL	"(30z)	773 10 10	الإيمار المسا المسا المسا المسا المسا المسا المسا المسا المسا
	f Person	Area Code 1	Daytime Telephone Number	
Enclosed is a check for the	•			* * * * * * * * * * * * * * * * * * * *
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAYANAR	LLC
(Name of the Limited Liability Con (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	my were filed on $10/25/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Limited L	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)	N/A
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A :: 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature. if changing Registered Agen	nt:
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is ce address, I hereby confirm that the limited liability
If C	hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member Title. Name Address Type of Action Carmon R Benard 325 S Biscoyne Blud DAdd MGR # 523, Miami, Skemove MGR Luis Benaud 325 S Biscoyne Blud - Add #523 Miami, Remove 33131, FL MGR ANBIR SOLYMARE LIC 325 5 Biscayne Blud Dad # 523, Miami, 33131, FL \_□ Remove □ Remove

11 amending the Managers of Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

Signature of a member or authorized representative of a member					
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)  1 02/13/2014  Signature of a member or authorized representative of a member					
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Filing Fee: \$25.00

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