L13000101648

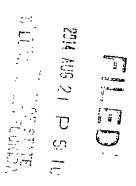
(Re	questor's Name)	
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B. BOSTICK AUG **2 2 2014**

COVER LETTER

TO:	Registration Section
	Division of Corporations

... MIAMI MANAGER 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:

ROBERTO E MACHO

Name of Person

MACHO & ASOCIADOS CONSULTING CORP

Firm/Company

1110 BRICKELL AVE STE 806

Address

MIAMIFL 3 131

City/State and Zip Code

RMACHO@UHY-NACHO.COM

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

For further information concerning this matter, please call:

ROBERTO E MACHO

305, 503-2700

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

☐ \$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

MIAMI MANAGER LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000161648</u>	were filed on 11/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
The new name must be distinguishable and end with the words "Limited Liai	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		- 1 3
	<u></u>	
	·	N [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		he name of the new
registered agent and/of the new registered office address ner	<u>e</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I further agre performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ELIAS RUBEN SABBAGH	3400 NE 192 ST STE 70	5_□ Add
		AVENTURA - FL 33180	Remove
			□ Remove
			□ Add
			Remove
			Add Remove
		S S S S S S S S S S S S S S S S S S S	
			_□ Remove
			_
			_D Add
			_□ Remove

N/A		
		
ctive date, if other than the da	ite of filing:	(optional)
effective date must be specific, cannot be date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
effective date must be specific, cannot be date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00