

L13000164753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

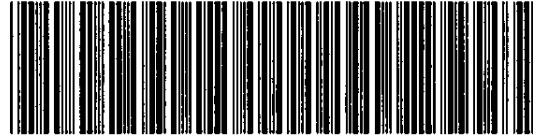
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600254399226

12/09/13--01028--013 **25.00

FILED
2013 DEC -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIMO HOSPITALITY SERVICES, 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:

Jeffrey J. Pardo, Esq.

Name of Person

Pardo Gainsburg, PL

Firm/Company

200 SE 1st Street, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

jpardo@pardogainsburg.com

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

For further information concerning this matter, please call:

Jeffrey Pardo, Esq.

Name of Person

at **(305) 358-1001 Ext. 301**

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**

MIMO HOSPITALITY SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/2/13 and assigned Florida document number L13000166753.

FILED
2013 DEC -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 900 Biscayne Blvd., #1706
(Principal office address MUST BE A STREET ADDRESS) Miami, Florida 33132

Enter new mailing address, if applicable: 900 Biscayne Blvd., #1706
(Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33132

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
_____, Florida _____
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 608, 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 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:

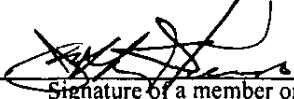
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Migdalia Lagoa	900 Biscayne Blvd., #1706	<input checked="" type="checkbox"/> Add
		Miami, Florida 33132	<input type="checkbox"/> Remove
MGR	Migdalia Lagoa	800 Biscayne Blvd., Suite 100	<input type="checkbox"/> Add
		Miami, Florida 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2013 DEC -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 4, 2013



Signature of a member or authorized representative of a member

Jeffrey J. Pardo, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 DEC -9 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA