

L13000176558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

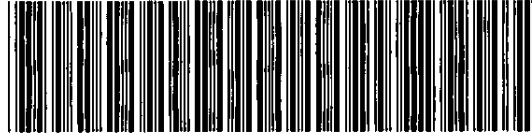
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 15 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/16/16--01001--011 **55.00

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DEPARTMENT OF STATE
16 SEP 15 PM 4:24

K. SALY
EXAMINER
SEP 16

CT

September 15, 2016

Secretary of State, Florida
2661 Executive Circle Center
Tallahassee FL 32301

Re: Order #: 10160317 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

MIMO 7504 LLC (FL)
Amendment (COA)
Florida

MIMO 7504 LLC (FL)
Obtain Document - Misc - Cert Copy of Evidence
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIMO 7504 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:

JEAN GUILMOTO

Name of Person

TEJO MANAGEMENT LLC

Firm/Company

1110 BRICKELL AVE STE 404

Address

MIAMI, FL 33131

City/State and Zip Code

jean.guilmoto@fulton.fr

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

For further information concerning this matter, please call:

JEAN GUILMOTO

917 972-7071

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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 7504 LLC

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

FILED
2016 SEP 15 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/24/2013 and assigned
Florida document number 1.13000176558.

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)

1110 BRICKELL AVE STE 404

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1110 BRICKELL AVE STE 404

MIAMI, FL 33131

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:

CT CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

City

Florida 33324

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.

Nicole Chouinard, Asst. Secretary,
C T Corporation System

Nicole Chouinard

If Changing Registered Agent, Signature of New Registered Agent

2006 SEP 13
SECURITY OF FLORIDA
ALL THASEC. FLORIDA

FILED
2006 SEP 15 AM 9:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated September 13, 2016

Signature of a member or authorized representative of a member

DEAN GUILMOTO
Typed or printed name of signee