

L14000016301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

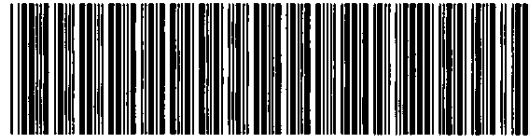
(Business Entity Name)

(Document Number)

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OCT 20 2014  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI BLUE INTERNATIONAL GROUP 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:

MICHELLE J. ALONSO

Name of Person

MIAMI BLUE INTERNATIONAL GROUP LLC

Firm/Company

17070 COLLINS AVE. SUITE 262

Address

SUNNYS ISLES BEACH FL 33160

City/State and Zip Code

MichellejAlonso@hotmail.com

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

For further information concerning this matter, please call:

MICHELLE J. ALONSO

Name of Person

at (786) 651 1883

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**MIAMI BLUE INTERNATIONAL GROUP 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 01/29/14 and assigned  
Florida document number L14000016301.

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:**

4810 NW 79 AVE APT. 203

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL FL. 33166

**Enter new mailing address, if applicable:**

P.O. BOX 403063

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI BEACH, FL 33140

**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:**

4810 NW 79 AVE APT. 203

Enter Florida street address

DORAL

City

Florida 33166

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**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 = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIANO J. BERON FRE'	17070 COLLINS AVE. suite 262	<input type="checkbox"/> Add
		Sunny Isles Beach FL 33160	<input checked="" type="checkbox"/> Remove
MGR	MICHELLE J. ALONSO	4810 NW 79 AVE APT. 203	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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 OFFICE OF THE SECRETARY  
 WASHINGTON, D.C.

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER , 13th , 2014

Signature of a member or authorized representative of a member

MARIANO J. BERON FREYTES

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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