## L140000 19276

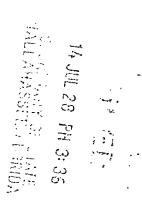
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Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp						
ON D	D.O.T.	MINERV	ARE LLC				
SUBJI	ECT:	Name of Lim	ited Liability Company				
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
		GLORIA FO					
			Name of Person				
1674 SW 23 ST							
Firm/Company							
		MIAMI					
			Address	<del></del>			
		FL 33145					
			City/State and Zip Code				
		E-mail address: (	to be used for future annual report notif	ication)			
For fu	rther information co	oncerning this matter, please ca	all:				
GLORIA FOX		at (706) 955-6	769				
	Name of	Person		: Telephone Number			
Enclos	sed is a check for th	e following amount:					
□ \$2	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

MINERVARE LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L14000019270	ability Company	were filed on <u>2/4/2014</u>	and ass	igned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	the limited liab	ility company here:		
The new name must be distinguishable and end with the	words "Limited Lish	sility Company " the decignation "I I C" or	the abbrariation of	1.0"
Enter new principal offices address, if applic		1674 SW 23 ST	the above viation [	.L.C.
Principal office address MUST BE A STREE		MIAMI FL 33145		
Enter new mailing address, if applicable:		1674 SW 23 ST		
Mailing address MAY BE A POST OFFICE	BOX)	MIAMI FL33145		
B. If amending the registered agent and			ter the name	of the r
egistered agent and/or the new registered of	fice address her	<u>e</u> :	200 4	
Name of New Registered Agent:	GLORIA FO	OX	1 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
New Registered Office Address:	1674 SW 2	<u> </u>	1 28 1 28 1 28 4 1	n e est d
	B 41 A B 41	Enter Florida street address		
	MIAMI	, Florida	33145 Zip Code	4
New Registered Agent's Signature, if changing I	Registered Agent:		100 m	

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

Page 1 of 3

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 **Address Type of Action** <u>Title</u> <u>Name</u> PLOTKIN, BETTY M **MGR** 5245 NORTH BAY DR MIAMI BEACH, FL 33140 \_□ Add ■ Remove **GLORIA FOX** 1674 SW 23 ST MIAMI FL 33145 MGR □ Remove □ Remove cō. Remove بب \_□ Add ☐ Remove □ Add ☐ Remove

	. '
The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	7-24-2014
	Betty M. Plotker  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	BETTY H. PLO TKIN  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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