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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA Account Number: 072450003255 : (305)634-3694 Fax Number : (786)409-5946

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIAMI MEMORIAL, LLC

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5/6/2014

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COVER LETTER

TO: Registration Section Division of Corporations

MIAMI MEMORIAL, LLC

Name of Limited Limbility Company

The enclosed Articles of Amendment and fee(5) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO ANTON

1385 CORAL WAY, SUITE 406

Ріпп/Солрапу

Address

MIAMI, FLORIDA 33145

City/State and Zip Code

EDUARDO@EANTONLAW.COM

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

For further information concerning this matter, please call:

EDUARDO ANTON

at (305) 856-1233

Paytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fcc

□ \$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 Tallahasses, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION MIAMI MEMORIAL, LLC The Articles of Organization for this Limited Liability Company were filed on 02/13/2014 Florida document number <u>L140</u>00025428 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

CITY

If Changing Registered Agent, Signature of New Registered Agent

Emer Florida speet address

Florida

Zia Code

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:

AMBR = Anthorized Member Type of Action <u>Address</u> Title Name 1385 Coral Way, #406 **SERGIO MASVIDAL AMBR** Miami, Florida 33145 🗎 Remove _□ Add ☐ Remove □ Add _ Rémove Add SE Move AH 8: 16

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MGR = Manager

	HIMOXXXIOS
D. If amending any other information, enter change(s) here: (Attach additional sheets	s, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than	_(optional)
the date this document is filed by the Florida Department of State)	An only other
Dated May 6, 2014	
Mu kause	
Signature of a number or authorized representative of a member	7
FRANCISCO J. BANGO	
Typed or printed name of signee	

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Filing Fee: \$25.00

SECRETARY OF STATE

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