## 114000025428

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M. MILLIGAN OCT 2 0 2018

## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	Miami Men	norial LLC			
SUBJEC	. I i	Name of Lim	ited Liability Company		
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Roberto Hernandez			
			Name of Person		
		Miami Memorial LLC			
	Firm/Company				
	5301 West Flagler Street				
	Address				
		Miami, Florida 33134			
		·	City/State and Zip Code		
		robert.hernandez@miamim			
		E-mail address: (	to be used for future annual report no	ctification)	
For furth	er information c	oncerning this matter, please ca	all:		
Roberto	Hernandez		305 446-7625		
	Name o	f Person	Area Code Daytime Telephone Number		
Enclosed	d is a check for th	ne following amount:			
	00 Filing Fee ゴー ジ 担	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILI Registr Divisio P.O. Bo Tallaha	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Memorial 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  $\frac{02/13/2014}{1}$ Florida document number L14000025428 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) 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: Enter Florida street 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Memorserve Holdings, LLC		_ □ Add
		9971 SW 122 Ave Miami, Fl. 33176	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
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			Add
			Remove
			Change
			□ Add
			□ Remove
		<del></del>	☐ Change
			☐ Remove
			☐ Change

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if nec	essary.)
		<del></del>
<del></del>		
Note: If the date inserted in this block do document's effective date on the Department.	ective date, but not an effective time, at 12:01	is date will not be listed as the
September 24th	2018	
Dated		2018 **
Signa	ature of a member or authorized representative of a member	2018 OCT 15
Roberto J. Hernandez	Typed or printed name of signee	
	Page 4 of 4	AH 10: 08

Filing Fee: \$25.00