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(Address)

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Miami Exotics, 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:

**Luis Martinez**

Name of Person

Firm/Company

**4150 Sapphire terrace**

Address

**Weston, Florida 33331**

City/State and Zip Code

**Luis@atnight.com**

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

For further information concerning this matter, please call:

**Luis Martinez**

Name of Person

at

**786**

Area Code

**290-3305**

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

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

**Miami Exotics, 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 3/26/2014 and assigned Florida document number L14000049569.

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:

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

900 Park Centre Boulevard

Suite 400B

Miami Florida 33169

Enter new mailing address, if applicable:

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

900 Park Centre Blvd

Suite 400B

Miami Florida 33169

**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:

Luis Martinez

New Registered Office Address:

900 Park Centre Blvd, Suite 400B

Enter Florida street address

miami

City

, Florida 33169

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>
MGRM	Luiza Dubrovsky	15 Central Park West	<input type="checkbox"/> Add
		Apt 16H	<input checked="" type="checkbox"/> Remove
		New York, NY 10025	
MGRM	Luis Martinez	4150 Sapphire Terrace	<input checked="" type="checkbox"/> Add
		Weston, florida	<input type="checkbox"/> Remove
MGRM	Laudin Valera	4419 North Bay Road	<input checked="" type="checkbox"/> Add
		Miami Beach, 33140	<input type="checkbox"/> Remove
MGR	Hugo Ramirez	1410 Bay Road	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
MGR	Carlton Teague	3801 Ocean Drive	<input checked="" type="checkbox"/> Add
		Apt N8R	<input type="checkbox"/> Remove
		Hallandale Beach, FL33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**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 July 17 2014, \_\_\_\_\_

Signature of a member or authorized representative of a member

Luis Martinez

Typed or printed name of signer

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Filing Fee: \$25.00

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