# 10000 5155

#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Phone : (305)634-3694

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

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LC AMND/RESTATE/CORRECT OR M/MG RESIGN **SOUTH MIAMI IV, LLC** 

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## COVER LETTER

	ation Section of Corporations	İ
) so	UTH MIAMLIV, LLC.	
SUBJECT:	<u></u>	bulied Liability Company
	Hand of the	sumportaining company
		;
The enclosed Acti	icles of Amendment and fee(s) are su	ubmitted for filing.
Please return all c	correspondence concerning this matte	er to the following:
	MAX A. ADAMS, ESQ	
	**************************************	Nume of Person
	LAW OFFICES OF MA	LX A ADAMS ESQ PLLC
		Firm/Company
	; 2151 LEJEUNE ROAD,	SUITE 306
		Address
	CORAL GABLES, FLO	DRIDA 33134
	1 111.4	City/State and Zip Code
	ANGIE@THEMEDILAW	• !
		s: (to be used for future simual report notification)
For further inform	nution concerning this matter, please	call:
ANGELA PERE	2	305 444-3484
Vancation, 10 10 10	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	ek for the following amount:	į
☐ \$25.00 Filing	; Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) 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 Tallabassee, I/L 32301

01/03/5010 53:22 302033680

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH MIAMITY, LLC.		
(Nume of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our i ability Company)	ecorda.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000051557</u>	were filed on <u>07/16/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Lubifit	ly Company," the designation	"LLC" or the abbreviation "LT C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		NASSTER STATE
Enter new mailing address, if applicable:		9F <b>2</b>
(Malling address MAY BE A POST OFFICE BOX)		27 80 0 A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	Cay	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duti rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

AMBR = Authorized Member Type of Action Address Title. Name 11320 SW 107TH AVE, Miumi, Fl 33/76 **ELSA CASTELLON** AMBR Add ☐ Remove \_□ Change \_ Remove \_🗆 Change \_□ Add \_□ Remove \_ Change \_□ Add □ Remove 🗅 Change \_□ Add \_□ Remove \_□ Change \_□ Kemove

Page 2 of 3

\_C Change

MGR = Manager

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fective date, if other than the discretive date is listed, the date must bete: If the date inserted in this block cumont's effective date on the Dep	ate of filing:  c specific and cannot be prior to date of filing or mo k does not meet the applicable statutory filing artment of State's records.	(optional) no than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed	07 (3)(b) as the
record specifies a delayed of the 90th day after the recor	effective date, but not an effective tild is filed.	me, at 12:01 a.m. on the earlier	of;
December 14	2015		
W	gnature of a toember or authorized representative of		
Mux Λ. Adams, Attorney	-	n a memoer	
	Typed or printed name of signee		

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Filing Fee: \$25.00

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