L14000 115171

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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21 SET -7 PH 3: 15

COVER LETTER

то:	Registration Se Division of Cor				
cup ic		INTERNATIONAL GROUP L	LC		
SUBJE	CI:	Name of Limi	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		ALBERTO CARLOS MIQ	OUEL		
			Name of Person		
		MIQUEL ACCOUNTING	SERVICE INC		
	Firm/Company 5100 S DIXIE HWY STE 10				
Address					
	WEST PALM BEACH, FL. 33405				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		CARLOS@MIQUELACCO	DUNTING.COM to be used for future annual report notification	ion	
For fire	har information o		•	(VII)	
		concerning this matter, please ca			
CARLO	OS MIQUEL		561 561-588-8878 at ()		
	Name o	of Person	Area Code Daytime Tel	lephone Number	
Enclose	ed is a check for t	he following amount:			
□ \$ 25	5.00 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 Addres		Street Address: Registration Sectio	n	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEF -7 PH 3: 15

MIRANO INTERNATIONAL GROUP 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 o	n JULY 22, 2014	and assigned
Florida document number L14000115171			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	address on o	our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street address	<u> </u>
	, Florida		
	,		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 accept the obligations of my position as registered agent as peeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in performand provided foi	ce of my duties, an in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is
B. If amending the registered agent and/or registered office a 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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office	Ente City ee to act in performand provided for	our records, enter or Florida street address , Flo this capacity. I fur the ce of my duties, an	orida Zip Code Ther agree to comply with the ad I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MIDO ITANI	3330 FAIRCHILD GARDEN AVE STE 32665	□Add
		WEST PALM BEACH, FL. 33420	□ Remove
			Change
VP	RANA ITANI	3330 FAIRCHILD GARDEN AVE STE 32665	□Add
		WEST PALM BEACH, FL. 33420	■Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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<u>=,</u>	mend Article III "Other I		 21 5:	F-1 TH 3. 1.	
Real Estate Investr	nents.				
					
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ctive date, if other	than the date of filing	g:		(optional)	
	the date must be specific and d in this block does not n				
	e on the Department of S				
	ed effective date, but not	an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th da	ay after the
filed.					
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		A_{-}	,		
	Signature of a	member or authorized re	presentative of a memb		

Filing Fee: \$25.00