# L14000137135

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL.     |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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# GOVER LETTER 3

| то:        | Registration Sec<br>Division of Corp |  |   |   |
|------------|--------------------------------------|--|---|---|
|            | L&GN                                 | IIR LLC                                      |   |   |
| SUBJI      | ECT:                                 |  | ited Liability Company  |   |
| The en     | closed Articles of A                 | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please     | return all correspor                 | idence concerning this matter                | to the following:   |   |
|            |                                      | Luis Mir                                     |   | ·   |
|            |                                      |  | Name of Person  |   |
|            |                                      |  | Firm/Company  |   |
|            |                                      | 9400 SW 77                                   | ' Ave. Unit K-5   |   |
|            |                                      |  | Address   |   |
|            |                                      | Miami, FL 3                                  | 3156  |   |
|            |                                      |  | City/State and Zip Code   |   |
|            |                                      | louiemir@hotmai                              |   |   |
|            |                                      | E-mail address: (                            | to be used for future annual report notif                           | ication)  |
| For fur    | ther information co                  | ncerning this matter, please ca              | all:  |   |
| Lui        | s Mir                                |  | <sub>at</sub> .786 <sub>.</sub> 486-94                              | 483   |
|            | Name of                              | Person                                       | Area Code Daytime   | : Telephone Number  |
| Enclos     | ed is a check for th                 | e following amount:                          |   |   |
| <b>s</b> 2 | 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,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED 2014 SEP 25 AN IO:

SECRETARY OF STATAL AHASSEE, FLOR

**L&GMIR LLC** 

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Limited  | Liability Company)  |                      |  |
|---|---|----------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000137135</u>   | were filed on September 2, 2014   | and assigned         |  |
| This amendment is submitted to amend the following:   |   |                      |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:  |                      |  |
| The new name must be distinguishable and end with the words "Limited Lial   | bility Company," the designation "LLC" or the al  | obreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:   | 9400 SW 77 Ave. Unit K-5  |                      |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, FL 33156   |                      |  |
| Enter new mailing address, if applicable:   | 9400 SW 77 Ave. Unit K-5  |                      |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Miami, FL 33156   |                      |  |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  |   | the name of the      |  |
| New Registered Office Address:  |   |                      |  |
|   | Enter Florida street address  |                      |  |
|   | , Florida   | Zip Code             |  |
| New Registered Agent's Signature, if changing Registered Agent:   | •   | Zip Code             |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p | ·<br>ree to act in this capacity. I further agre<br>r performance of my duties, and I am fo | amiliar with ana     |  |
| being filed to merely reflect a change in the registered office 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 Managers of Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Actio Title Name 9400 SW 77 Ave. Unit K-5 [ Add Luis Mir **PRES** Miami, FL 33156 Remove 9400 SW 77 Ave. Unit K-5 Ginella Mir SEC Miami, FL 33156 **■** Remove 9400 SW 77 Ave. Unit K-5 <sub>■ Add</sub> Luis Mir MGR Miami, FL 33156 ☐ Remove Ginella Mir 9400 SW 77 Ave. Unit K-5 ■ Add AMBR Miami, FL 33156 ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

| · •                        |                         |  |   |   |
|----------------------------|-------------------------|--|---|---|
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|                            |                         |  |   |   |
| late, if other than the    | e date of filing        | g:                                     | data and cannot be more                 | (optional)  |
| document is filed by the F | lorida Departmei        | nt of State)                           | rate and earlier be more                | than 90 days after  |
| document is filed by the F | lorida Departmei        | at of State)                           |   | than 90 days after  |
| document is filed by the F | lorida Departmei        | nt of State)                           |   | than 90 days after  |
| document is filed by the F | lorida Departmer        | at of State)                           |   | 9   |
|                            | late, if other than the | late, if other than the date of filing | late, if other than the date of filing: | late, if other than the date of filing:  date must be specific, cannot be prior to date of receipt or filed date and cannot be more |

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Filing Fee: \$25.00