LIHCCC 144891

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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations .			
SUBJECT: 8100 Investments, LLC			
O TOO HIVESTITIETIES, LLC	ed Liability Company		
Dear Sir or Madam:	ed Blacking Company		
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing. This filing is no	ot be	ing
submitted to change the registered agent or registered offi	ce as would normally be the case. Instead, this form	n is ţ	oeing
submitted in order to correct an inadvertent error with res	pect to the authorized signatory of the existing regis	terec	<u>1</u>
agent. Please return all correspondence concerning this m	natter to the following:		
Maria J. Valencia			
Name of Person			
0100 lavrada ata 11.0			
8100 Investments, LLC Firm/Company			
, ma company			
5600 NW 72nd Avenue, #667933	~	-4°	262
Address		•	24
	.i.	-	02 AVN 8891
Miami, FL 33166	<u> </u>	:	Ö
City/State and Zip Code			<u>.</u> ;
mariaj@mcmfoodcorp.com		<u>.</u>	2:2
E-mail address: (to be used for future annual report n	notification)		3
For further information concerning this matter, please call:	:		
	05) 343-0597		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section			
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: _81	00 Investments, LLC	
2. (a) 7900 NW 155th Street	(b) <u>5600 NW 72nd Avenue</u>	
Principal office address of limited liability (Note: MUST BE STREET ADDR		
Suite 201	#667933	
	Miami, FL 33166	
Miami Lakes, FL 33016	Marii, 1 E 30 100	
09/16/2014	L14000144891	
3. Date of filing/registration in Flo	rida 4. Document number	
5. (a) MKA Miami LLC		
Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
7900 NW 155th Street		
Registered Office Address (MUST BE FLOR	IDA STREET ADDRESS)	
Suite 201		
Miami Lakes	FL 33016	
(b) MKA Miami LLC	87 87 88 89 89	
Enter name of NEW Registered Agent and/or N	EW Registered Office address:	
TOOD NUMBERS OF THE CAMERA	20	
7900 NW 155th Street NEW Registered Office Address:		
	•	
Suite 201		
Adv. of Labora	FL 33016	
Miami Lakes	, FL 33010	
change or changes are made, the Florida street a	l under the laws of the State of Florida, it is hereby confirmed that after the address of the registered office and the business office of the registered ida limited liability company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwise provided in element of the limited liability company.	
Min W. Wali	Maria J. Valencia, Manager	
Signalure of a member or authorized representative of a member Printed or typed name of signee		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of the obligations of my position as registered age to merely reflect a change in the registered office notified in writing of this change.	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and accept int as provided for in Chapter 605, F.S. Or, if this document is being filed ce address. I hereby confirm that the limited liability company has been	
Signature of Registered Agent		
	ations • P.O. Box 6327 • Tallahassee, FL 32314	