

L14000182116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300268404853

01/20/15--01019--017 **25.00

FILED
2015 JAN 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB - 2 2015

Gabriel Alvarez
1090 Windward Drive
Pembroke Pines, FL 33036

January 7, 2015

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

Dear Florida Department of State:

Attached please find the forms to Amend the Articles of Organization of a Florida LLC by the name of **"Mid Mod Montage, LLC"**

My Daytime Phone number is **(786)222-5351**

My Return Address is: **1090 Windward Drive, Pembroke Pines, FL 33036**

Sincerely,

Gabriel Alvarez

ENCLOSURE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mid Mod Montage, 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:

Gabriel Alvarez

Name of Person

Mid Mod Montage, LLC

Firm/Company

1090 Windward Drive

Address

Pembroke Pines, FL 33026

City/State and Zip Code

midmodmontage@gmail.com

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

For further information concerning this matter, please call:

Gabriel Alvarez

at (**786**) **222-5351**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Mid Mod Montage, LLC

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

FILED
2015 JAN 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/25/2014 and assigned Florida document number L14000182116.

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)

1090 Windward Drive

Pembroke Pines, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1090 Windward Drive

Pembroke Pines, FL 33026

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: Gabriel Alvarez

New Registered Office Address: 1090 Windward Drive

Enter Florida street address

Pembroke Pines, Florida 33026

City

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>
MGR	Gabriel Alvarez	9411 Evergreen Pl, #403	<input type="checkbox"/> Add
		Davie, Fl 33324	<input checked="" type="checkbox"/> Remove
MGR	Elizabeth Alvarez	9411 Evergreen Pl, #403	<input type="checkbox"/> Add
		Davie, Fl 33324	<input checked="" type="checkbox"/> Remove
AMBR	Gabriel Alvarez	1090 Windward Drive	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl 33026	<input type="checkbox"/> Remove
AMBR	Elizabeth Alvarez	1090 Windward Drive	<input checked="" type="checkbox"/> Add
		Pembroke Pines, Fl 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

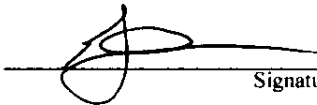
FILED
2015 JAN 20 PM 4:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 January 7th, 2015.



Signature of a member or authorized representative of a member

Gabriel Alvarez

Typed or printed name of signee

FILED
2015 JAN 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA