*L15000047664

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 	(Address)
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K.SALY EXAMINER JUN 2 4 2015

COVER LETTER

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CI	J BJECT:		estments LLC		
31	DIECT.		Name of Lim	ited Liability Company	
Tł	ne enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pi	ease return	n all correspo	ndence concerning this matter	to the following:	
			Olga Elizabeth Miasta		
				Name of Person	
				Firm/Company	
			1601 hibiscus ave		
				Address	
			winter park fl 32789		
				City/State and Zip Code	
			scruzalegui@earthlink.net		
			E-mail address: (to be used for future annual report notifi	cation)
Fo	r further is	nformation c	oncerning this matter, please ca	ail:	
eli	izabeth mi	asta		321 9473150 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
En	closed is a	a check for th	ne following amount:		•
	\$25.00 F	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 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**



Miasta Investments LLC

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

Florida document number L1500047664 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liabi	lity Company were filed on 03-17-15	and assigned
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	Florida document number L15000047664		
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			
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Enter Florida street address , Florida	Name of New Registered Agent:		
, Florida	New Registered Office Address:		
		Enter Florida stre	eet address
City Zip Code	_		
		City	Zip Code

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		1601 Hibiscus Ave. Winter Park Fl	■ Remove
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Effective date, if other than fan effective date is listed, the dat	e must be speci	fic and cannot be p	rior to date of filing	or more than 90 days	o ptional) after filing.) Pursuant to 6	05.020
Note: If the date inserted in the document's effective date on t	nis block does	not meet the ap	plicable statutory	filing requirements	, this date will not be li	sted a
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e record specifies a dela The 90th day after the	ayed effect record is f	ive date, but iled.	not an effecti	ve time, at 12:	01 a.m. on the ear	lier o
Dated June 19		2015				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00