## HI 115000077136

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## **COVER LETTER**

Divis	sion of	Corporations		
SUBJECT:	MS21	Miami, LLC		
		Name of Lin	nited Liability Company	
The enclosed	Articles	of Amendment and fee(s) are sul	amitted for filing	
	- 1		_	
Please return a	all corre	spondence concerning this matter	to the following:	
		Maria Hinojosa		
	ĺ		Name of Person	<del></del>
		MS21 Miami, LCC.		
			Firm/Company	
		891 Sunflower Circle		
		<del></del>	Address	<u> </u>
			City/State and Zip Code	
		Weston, FL. 33327	onymate and hap code	
		E-mail address: (	to be used for future annual report r	notification)
For further inf	ormatio	n concerning this matter, please c	all:	
Maria Hinojos	sa		786 270-8497	,
	Nam	of Person	at () Area Code Day	time Telephone Number
Enclosed is a c	heck fo	the following amount:		
□ \$25.00 Fil.	ing 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 tadditional copy is enclosed:
	Regi Divi: P.O.	LING ADDRESS: stration Section son of Corporations Box 6327 massee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations S Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000077136</u> .	ny were filed on 05/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	891 Sunflower Circle	SEC ALL 18 1
(Principal office address MUST BE A STREET ADDRESS)	Weston, FL. 33327	PER NEW YORK
		SSE SSE
Enter new mailing address, if applicable:	891 Sunflower Circle	PM 7:
Mailing address MAY BE A POST OFFICE BOX)	Weston, FL. 33327	30 30
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:    Rafael Mores	<u>ere</u> :	enter the name of the no
New Registered Office Address: 1625 Palm A	ve. Ste. 2	
	Enter Florida street address	
Hialeah	. Floric	la 33010
	City	Zip Code

N

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>	Name	<u>e</u>		Address	Type of Action
MGR .	Pame -	la Ormazabal		891 Sunflower Circle, Weston FL.	<b></b>
				Pamela Ormabal	Remove
					Change
			<del></del>		Add
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			-		Change

D. If an	nending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
:			
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			SEC
		EB 26	RETA AHA:
		PH	RY OF SSEE.
		7:	FLOR
			401) 310,
	<u>-</u>		
		12/05/2017	
(If an et <u>Note:</u>	ffective date i If the date	fother than the date of filing:	0207 (3)(b d as the
If the re (b) The	cord spec e 90th da	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie after the record is filed.	r of:
Dated	12	105 2017	
		Signature of a member or authorized representative of a member	
		MARIO ALEJANDO MINDSOND	
		Typed or printed name of signee	
		Page 3 of 3	

Filing Fee: \$25.00