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Office Use Only



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C. GOLDEN
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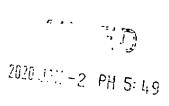
COVER LETTER

TO: Registration So Division of Cor			
MS21 Mia	mi, LLC	ŧ,	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rafael Moreno		
		Name of Person	
	Moreno Insurance, LLC		
		Firm/Company	
	1625 Palm Ave. Stc. 2		
		Address	<u> </u>
	Hialeah, FL, 33010		
		City/State and Zip Code	
	rmoreno@morenoins.com	to be used for future annual repor	· · · · · · · · · · · · · · · · · · ·
For faction in Communication		-	rnouncacion)
ror turner information of	concerning this matter, please c	an.	
Maria Hinojosa		305 310-888	
Name	of Person	at () Area Code Da	sytime Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MS21 Miami LLC

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

(A riorida i,im	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/01/2015	and assigned
Florida document number 1.15000077136		
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 I	.iability Company," the designation "LLC" o	r 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 offi agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter in</u>	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Age	•	Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity. I furth lete performance of my duties, and as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If C	Jhanging Registered Agent, Signature of N	cw 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>	Address	Type of Action
MGR	Pamela Ormazabal	891 Sunflower Circle	
		Weston, FL, 33327	■Remove
			□Change
MGR	Joselyn D. Perez Hinojosa	891 Sunflower Circle	■Add
		Weston, FL. 33327	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		 	□Add
			□Remove
			□Change
			□Add
			Remove
			Change

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···	-	
E. Effective date, if other than the	e date of filing:	(optional)
(If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	lock does not meet the applicable statutory i	or more than 90 days after filing.) Pursuant to 605.0207 (3), filing requirements, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	ve date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
Dated December 11th	2019	
A	$\omega = 1$	
/ '/	1/17	

Filing Fee: \$25.00

Typed or printed name of signee