

K15 0000104570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

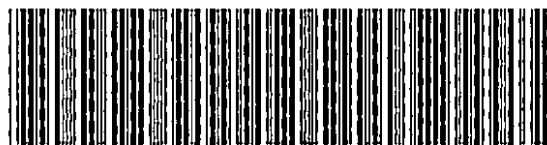
(Business Entity Name)

(Document Number)

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T. MATTHEWS

MAR 28 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 11 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FL

February 1, 2022

THELMA RIVERA, ESQ
54 PALMERAS STREET, APT 102
SAN JUAN, PR 00901

SUBJECT: MIAMI COLLEGE LLC
Ref. Number: L15000104570

We have received your document for MIAMI COLLEGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 322A00002506

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI COLLEGE 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:

THELMA RIVERA, ESQ.

Name of Person

Firm/Company

54 PALMERAS STREET APT 102

Address

SAN JUAN, PUERTO RICO 00901

City/State and Zip Code

THELMARIVERALABOY@GMAIL.COM

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

For further information concerning this matter, please call:

THELMA RIVERA

787 360-8828
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

MIAMI COLLEGE LLC

22 FEB 11 PM 12:08

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

The Articles of Organization for this Limited Liability Company were filed on JUNE 16, 2015 and assigned
Florida document number L15000104570.

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Type of Action</u>
MR.	ANTONIO CARBONARI NIETO <i>MGR</i>	4421 NE 27 AVE	<input type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MS.	MARIA ELISA CARBONARI <i>MGR</i>	4421 NE 27 AVE	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR.	MARCELO BURBANO <i>MGR</i>	MMG Tower	<input checked="" type="checkbox"/> Add
		Piso 23 Ave. Paseo del Mar	<input type="checkbox"/> Remove
		PANAMA CITY, PANAMA 10000	<input type="checkbox"/> Change
MS.	MENEGHELLO, GUILIANNA C	4421 NE 27 AVE	<input type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RICARDO LUIZ MARAFON SOU	2955 NW 126TH AVE	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RENATO SOUZA NETO	2955 NW 12TH AVE	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee