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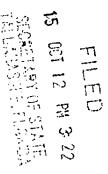
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OCT 13 2015

MELISSA P. LANZA, P.A. 104 Crandon Blvd., Suite 420 Key Biscayne, FL 33149 (305) 361-0997 (305) 361-0998 - Facsimile

October 7, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Addition of Manager to MIMIMI, LLC

Dear Sir or Madam:

Enclosed please find the following Amendment for the above mentioned Florida Corporation along with a check in the amount of \$25 for said addition of Manager.

Thank you.

COVER LETTER

Division of Cor MIMIMI, I	•		
SUBJECT:		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:	
	Lisa Lanza, Esq.		
		Name of Person	
	MELISSA P. LANZA, P.A	A.	
		Firm/Company	
	104 Crandon Blvd., Suite	420	图 四
		Address	200 5 F
	Key Biscayne, FL 33149		DET TO THE PROPERTY OF THE PRO
		City/State and Zip Code	5 J
	Lisa@MelissaLanzaLaw.co	om to be used for future annual report notifi	ention) 2
For further information of	concerning this matter, please c		Canony
Lisa Lanza		305 361-0997 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	INC ADDRESS.	CTDEET/CAUDII	ED ADDDESS.

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

any as it now appears on our records.) Liability Company)
y were filed on 7/21/2015 and assigned
bility company here:
oility Company," the designation "LLC" or the abbreviation "L.L.C."
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2 円
office address on our records, enter the name of the
Enter Florida street address
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, Florida

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>	Address	Type of Action
MGR	Jose Luis Vender Acevedo	3 Grove Isle Drive, Unit 1802,	
-		Coconut Grove, FL 33133	Remove
			Change
			□ Add
			□ Remove
			Change
			Remove Change
			25 Add
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ffective date, if other than t	he date of filing:		(0	optional)	23
ffective date, if other than t an effective date is listed, the date r lote: If the date inserted in this	nust be specific and cannot l	be prior to date of filin	g or more than 90 days	after filing.) Pursuant to	o 605.0207
ocument's effective date on the	Department of State's re	ecords.	ming requirements	, this date will not be	
e record specifies a delay The 90th day after the r	ed effective date, becord is filed.	ut not an effect	ive time, at 12:0	01 a.m. on the e	arlier of
October 6	, 2015	,			
	1				
f	<i>-// \\</i>				
1 1th	Signature of a member	or authorized represen	ntative of a member		_

Page 3 of 3

Filing Fee: \$25.00