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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Se Division of Cor				
CHRIE	M-TRIPTY CT:	CH, LLC			
300312	CI	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		ANDRES BAZO			
		RASCO KLOCK PEREZ	Name of Person & NIETO PL		
	Firm/Company 2555 PONCE DE LEON BLVD SUITE 600				
	Address CORAL GABLES FL 33134				
		ABAZO@RASCOKLOCK			
For furt	her information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notif	leation)	
	ES BAZO		305 4767100		
	Name o	f Person	Area Code Daytime	2 Telephone Number	
Enclose	d is a check for th	ne 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)	
		ING ADDRESS:	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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



SECRETARY OF STATE

M-TRIPTYCH, LLC

(Name of the Limited Liability Company as it now appears on our records 179 33 25 P (38

The Articles of Organization for this Limited Lia	ability Company	were filed on 07/31/2015	SECRETARY OF STATE ACRESSABLESSEE FEBRUA	
Florida document number L15000130912				
This amendment is submitted to amend the follo	wing:	•		
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	and of inclosed Links	line Commone " the deviamation	DIFC" as the obbserviction "LLC"	
Enter new principal offices address, if applica	ıble:	2555 PONCE DE LEON BLVD SUITE 600		
(Principal office address MUST BE A STREET	T ADDRESS)	CORAL GABLES FL 33134		
		 		
		2555 PONCE DE LEON I	DI VID STUTE ANN	
Enter new mailing address, if applicable:		CORAL GABLES FL 33134		
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	CORAL GABLES PL 33		
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address her		· · ·	
Name of New Registered Agent:				
New Registered Office Address:	2555 PONCE D	2555 PONCE DE LEON BLVD SUITE 600		
	Enter Florida street address			
	CORAL GABL	ES City	_, Florida 33134 Zip Code	
New Registered Agent's Signature, if changing R	evistered Avent:	ÇIŅ.	пф сонс	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agro r and complete tered agent as p egistered office	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MIRACLE MILE VENTURES LLC	2555 PONCE DE LEON BLVD SUITE 600	Add
		CORAL GABLES FL 33134	
			□ Remove
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
		 	☐ Change
			□ Remove
			☐ Change

Ď. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature Na member or authorized-representative of a member
	FOR MIRACLE MILE VENTURES, LLC-MGR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00