

L15000132113

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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3/22/18

GARY SILBERMAN, P.A.
OFFICES AT GRAND BAY PLAZA
2665 S. BAYSHORE DRIVE, SUITE 725
COCONUT GROVE, FL 33133
TELEPHONE: 305-285-0377
TELEFAX: 305-285-2325

March 21, 2018

Via Federal Express

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

Re: Articles of Amendment to MIA INV 2015, LLC and
Statement of Authority
Our File No.: 18-123

Dear Sir or Madam:

Please find attached the following document to be filed with the Secretary of State:

- 1) Articles of Amendment to MIA INV 2015 LLC;
- 2) Statement of Authority to MIA INV 2015 LLC; and
- 3) Our check payable to Division of Corporations in the amount of \$50.00.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,


Sandra Lopez, Paralegal

/scl
Enclosures

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2018 MAR 23 AM 11:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIA INV 2015 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:

NESTOR CLAUDIO LEOCATA

Name of Person

Firm/Company

18800 NE 29 Avenue, PH15

Address

Aventura, FL 33180

City/State and Zip Code

claudio.leocata257@gmail.com

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

For further information concerning this matter, please call:

Nestor Claudio Leocata

at (305) _____
Area Code

305-710-9616

Daytime Telephone Number

Name of Person

Enclosed is a check for 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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

MIA INV 2015

(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 August 3, 2015 and assigned
Florida document number L15000132113.

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)

18800 NE 29 Avenue, PH15

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18800 NE 29 Avenue, PH15

Aventura, FL 33180

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:

Nestor Claudio Leocata

New Registered Office Address:

18800 NE 29 Avenue, PH15

Enter Florida street address

Aventura

Florida 33180

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>
MGR	Sebastian Pappalettera	13899 BISCAYNE BLVD STE 22	<input type="checkbox"/> Add
		North Miami Beach, FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NESTOR CLAUDIO LEOCATA	18800 NE 29 AVE. ,PH15	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIO NICOLAS LEOCATA	18800 NE 29AVE. ,PH15	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2010 MAR 22 AM 11:11
ST. JAMES OF THE SEAS
TALLAHASSEE, FL 32304

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated March 19, 2018

Signature of a member or authorized representative of a member

NESTOR CLAUDIO LEOCATA

Typed or printed name of signee