

L15000132113

(Requestor's Name)

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TALLAHASSEE, FLORIDA

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**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

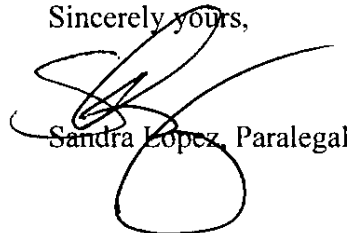
Dear Sir or Madam:

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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OFFICE 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 305 305-710-9616  
Name of Person Area Code Daytime Telephone Number

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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STATE OF FLORIDA  
TALLAHASSEE

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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:**

18800 NE 29 Avenue, PH15

**(Principal office address MUST BE A STREET ADDRESS)**

Aventura, FL 33180

**Enter new mailing address, if applicable:**

18800 NE 29 Avenue, PH15

**(Mailing address MAY BE A POST OFFICE BOX)**

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

*City*

Florida 33180

*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

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 COUNTY OF DADE  
 TALLAHASSEE, FL ORION

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

Multiple horizontal lines for amending information.

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

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DEPARTMENT OF STATE

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

Handwritten signature of Nestor Claudio Leocata

Signature of a member or authorized representative of a member

NESTOR CLAUDIO LEOCATA

Typed or printed name of signee