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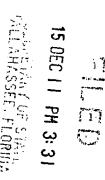
(F	Requestor's Name)
(<i>f</i>	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer;





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COVER LETTER

TO:	Registration Secti Division of Corpo		<i>:</i>	
SUBJE	ст: <u>1084</u>	Miami Shores U Name of Lim	ited Liability Company	
The end	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspond	ence concerning this matter	to the following:	
		Asi	nd Camacho	
		1084	Miami Shores,	UC
		1265	Sabal Trail Address	
	·	Wes	City/State and Zip Code	1
		E-mail address: (Mami Shofes @ am to be used for future annual rep	art notification)
For fur	her information con-	cerning this matter, please ca	all:	
	Name of P	Gliberto erson	at (<u>305</u>) = Area Code	No. 1693 Daytime Telephone Number
Enclose	ed is a check for the	following amount:		
X \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1084 NUAMI Shores LI	y as it now appears on our reco	ords.)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on	a	nd assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L	LC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	1265 Sabal Tr	l Weston Pl	33327
(Principal office address MUST BE A STREET ADDRESS)			
		,	
Enter new mailing address, if applicable:	1265 Sabal Trl	Weston Fl	333)]
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, <u>enter the r</u>	name of the new
Name of New Registered Agent:		 	
New Registered Office Address:			
THE RESIDENCE OF THE PARTY OF T	Enter Florida street add	<u> </u>	15
	City	Florida	
New Registered Agent's Signature, if changing Registered Agent:	Chy	SSEC	- Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	and I am famili 5, F.S. Or if this	ah with and s Wocument is

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

Title Name Address Type of Action Jose Picardo aliberto 1265 Sabal Trail, Add Weston PL 33327 - Remove 1541 Brickell Avenue, O Change mar Philip Hruc Unit 62804 Add Miami, F1 33129

Remove _____ □ Change Astrid Camacho 1265 Sabal Trl - Add Mac Weston, FL 33327 Remove ☐ Change ☐ Add ☐ Remove ☐ Change Change 2 □ Add □ Remove ☐ Change

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lf an effecti Note: If t	date, if other that we date is listed, the da the date inserted in the 's effective date on	te must be specifi his block does r	c and cannot boot on the	applicable stat	f filing or more t	nan 90 days aft		
	rd specifies a del Oth day after the			ut not an ef	fective time	e, at 12:01	a.m. on the	e earlier of
Dated	December	47n	, 20	15				
		Signature	of a member of	or authorized re	presentative of a	member		
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Page 3 of 3

Filing Fee: \$25.00