## L15000180776

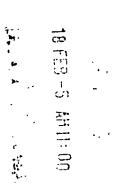
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## **COVER LETTER**

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C110.1E		66 WEST FLAGLER STREE	ET, LLC	
SUBJE	СТ:		ited Liability Company	
The enc	closed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
	•	-	Name of Person	· • · · · · · · · · · · · · · · · · · ·
		The Alhadeff Law Group,	P.L.	
		-	Firm/Company	
		11900 Biscayne Blvd #289		
			Address	
		Miami, FL 33181		
			City/State and Zip Code	
		Mark@alhadefflaw.com	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	·	incurion,
Nataha	Barrientos		786 6189703	
	Name of		Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRMELLI 66 WEST FLAGLER STREET. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 10/23/2015 and a

The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L15000180776}{L15000180776}$ .	ere filed on 10/23/2015	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ly company here:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLG	
Enter new principal offices address, if applicable:		* ' U
The same of the sa		
		<del></del>
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our record	ls, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	F	lorida
<del></del>	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		• •

Thereby 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mirmelli, Sean	100 South Pointe Drive 1505	
		Miami Beach, FL 33139	■ Remove
			☐ Change
			Add
			□ Remove
			Add Remove
			Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change □ Add
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			Change

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	January 25		2018	_	
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Filing Fee: \$25.00

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