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| (Re                     | questor's Name)   |             |
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| (Do                     | ocument Number)   |             |
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## **COVER LETTER**

| TO: Registration Division of C | Section<br>Corporations 👟                           |   | ,                   |                      |
|--------------------------------|---|---|---------------------|----------------------|
| CILLED THE COM                 | fiami Property LLC                                  |   |                     |                      |
| Subject:                       | Name of Lin   | nited Liability Company   |                     |                      |
| The enclosed Articles          | of Amendment and fee(s) are sub                     | omitted for filing.   |                     |                      |
| Please return all corre        | spondence concerning this matter                    | to the following:   |                     |                      |
|                                | Marisol Palacios                                    |   |                     | ,                    |
|                                |   | Name of Person  |                     |                      |
|                                |   | Firm/Company  |                     | 2002<br>2002<br>3007 |
|                                | 400 N.W. 74 Ave                                     | Time Company  |                     | APR 22               |
|                                |   | Address   |                     | 第二章                  |
|                                | Miami, FL 33126                                     |   |                     |                      |
|                                | Marisolpalacios2009@hotr                            | City/State and Zip Code<br>mail.com                                 |                     |                      |
| For further information        | E-mail address: (n concerning this matter, please c | to be used for future annual report not                             | ification)          |                      |
| Marisol Palacios               | or concerning and marrier, prease o                 | 786 406-5799  |                     |                      |
| Nam                            | e of Person   | at ()<br>Area Code Daytin   | ne Telephone Number |                      |
| Enclosed is a check for        | or the following amount:                            |   |                     |                      |
| \$25.00 Filing Fee             | □ \$30.00 Filing Fee &                              | T \$55.00 Eiling Coo &  | □ \$60.00 E;I       | ina Faa              |
| = \$25.00 Tilling Fee          | Certificate of Status                               | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified           | e of Status &        |
|                                | ILING ADDRESS: istration Section                    | STREET/COUR<br>Registration Section                                 |                     |                      |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

# TO ARTICLES OF ORGANIZATION OF

| ( <u>Name of the Lim</u>  | ited Liability Compa  | ny as it now appears on ou<br>liability Company) | ır records.)              |              |
|---|-----------------------|--|---------------------------|--------------|
|   | (A CIORGA LIIIIICG I. | лаонну Сотрапу)                                  |                           |              |
| The Articles of Organization for this Limited   | Liability Company     | were filed on                                    | and ass                   | igned        |
| Florida document number L15000194703  | ·                     |  |                           |              |
| This amendment is submitted to amend the fol  | llowing:              |  |                           |              |
| A. If amending name, enter the new name   | of the limited liabi  | ility company here:                              |                           |              |
|   |                       | ·  | ' NI C'' al aller det and | 1.03         |
| The new name must be distinguishable and contain the                                  | words "Limited Liabil |  | <b>₹%</b> €               | D.C.         |
| Enter new principal offices address, if applicable:                                   |                       | 400 NW 74 Ave, Mian                              |                           |              |
| Principal office address MUST BE A STRE   | ET ADDRESS)           |  | APR.                      |              |
|   |                       |  | <b>第</b> 23               | 1            |
|   |                       |  |                           | Ö            |
| Futor now moiling address if an alimble.  |                       | 400 NW 74 Ave, Mian                              |                           |              |
| Enter new mailing address, if applicable:   |                       |  |                           |              |
| <u>Mailing address MAY BE A POST OFFICE</u>   | E BOX)                |  | ,                         |              |
|   |                       |  |                           |              |
|   |                       |  |                           |              |
| B. If amending the registered agent and registered agent and/or the new registered of |                       |  | records, enter the name   | of the       |
| egistered agent and/or the new registered (   | onice aggress nero    | <u>2</u> 1                                       |                           |              |
| Name of New Registered Agent:   | Marisol Palacio       | es   |                           | <del>,</del> |
| New Registered Office Address:  | 400 NW 74 Avo         | •  |                           |              |
|   |                       | Enter Florida stre                               | eet address               |              |
|   | Miami                 |  | . <b>Florida</b> 33126    |              |
|   |                       |  | m* 44.33 14.124           |              |

#### 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                        | Type of Action |
|--------------|------------------|--------------------------------|----------------|
| MGR          | Marisol Palacios | 400 NW 74 Ave, Miami, FL 33126 |                |
|              |                  |                                | ☐ Remove       |
|              |                  |                                | Change         |
| AMBR         | Habib Geagea     | 400 NW 74 Ave, Miami, FL 33126 | Add            |
|              |                  |                                | ■ Remove       |
|              |                  |                                | Change         |
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| ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this blocument's effective date on the D | st be specific and cannot be prior to date of filing or<br>ock does not meet the applicable statutory fil | (optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed as |
| e record specifies a delayed<br>The 90th day after the rec  | I effective date, but not an effective ord is filed.  | e time, at 12:01 a.m. on the earlier o   |
| April 20th<br>ated  | 2016  |  |
|   | Malagor   |  |
|   | Signature of a member or authorized representati  | ive of a member  |
| Marisol Palacios  |   |  |
|   |   |  |

Page 3 of 3

Filing Fee: \$25.00