## 45000195724

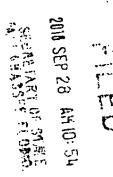
| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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M. MILLIGAN SEP 2 8 2018



August 28, 2018

RAFAEL VASCONEZ REV MULTI SERVICE INC 16499 NE 19 AVE, SUITE 218 NORTH MIAMI BEACH, FL 33162

SUBJECT: MIAMI NET LIMOS LLC

Ref. Number: L15000195724

We have received your document for MIAMI NET LIMOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 418A00017913

Brenda L Vorisek Director

## **COVER LETTER**

|   | T LIMO LLC.                                  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| SUBJECT:Name of Limited Liability Company |  |   |  |  |  |  |
| The enclosed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |  |
| Please return all correspo                | ondence concerning this matter               | to the following:   |  |  |  |  |
|   | RAFAEL VASCONEZ                              |   |  |  |  |  |
|   | REV MULTI SERVICE INC                        | Name of Person  |  |  |  |  |
|   | 16499 NE 19 AVE SUITE 2                      | Firm/Company<br>218   |  |  |  |  |
|   | NORTH MIAMI BEACH, FI                        | Address<br>33162  |  |  |  |  |
|   | REVMULTISERVICE@AOL                          | City/State and Zip Code<br>COM                                      | <del></del>  |  |  |  |
|   | E-mail address: (                            | to be used for future annual report notifica                        | ntion)   |  |  |  |
| For further information of                | oncerning this matter, please ca             | all:  |  |  |  |  |
| RAFAEL VASCONEZ                           |  | 305 7885207   |  |  |  |  |
| Name o                                    | f Person                                     | at ()<br>Area Code  | clephone Number  |  |  |  |
| Enclosed is a check for t                 | he 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:

TO:

Registration Section Division of Corporations

> 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 IL EL 2010 SEP 28 AM 10: 54

SELERETARY OF SAME TO ANABBEE, PLOBED

MIAMI NET LIMO LLC.

(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 Com   | pany were filed on 11/19/20                               | 15 and assigned  |
|---|---|--|
| Florida document number L15000195724  | · ·   |  |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, enter the new name of the limited  | l liability company here:                                 |  |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designat                          | ion "ELC" or the abbreviation "E.E.C."                                 |
| Enter new principal offices address, if applicable:   |   |  |
| (Principal office address MUST BE A STREET ADDRES   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
| registered agent and/or the new registered office address  Name of New Registered Agent:  | s here:   |  |
| New Registered Office Address:  | Enter Florida stre  | at address   |
|   |   |  |
|   | City  | , Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Registered A  |   |  |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change. | plete performance of my di<br>t as provided for in Chapte | aties, and I am familiar with and er 605, F.S. Or, if this document is |
| 11  | f Changing Registered Agent, <u>Si</u>                    | gnature of New Registered Agent  |
| P   | age 1 of 3  |  |

## 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>                           | Type of Action |
|--------------|----------------|--|----------------|
| MGR          | JENIFER CORREA | 500 NW 36 ST APT 514<br>MIAMI, FL. 33137 | ■ Add          |
|              |                |  | Remove         |
|              |                |  | ☐ Change       |
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| Tective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this block becament's effective date on the Department's | e specific and cannot be pr<br>k does not meet the app | rior to date of filing or a<br>blicable statutory fili | (option on than 90 days after ng requirements, this | filing.) Pursuant to 6 | 05.0207 (<br>sted as ( |
|  |  |  | 13.01 -   |                        | l: <b>.</b> .          |
|  |  | not an effective                                       | time, at 12:01 a                                    | a.m. on the ear        | lier or                |
| e record specifies a delayed of<br>The 90th day after the recor<br>JULY 30.  |  | not an effective                                       | time, at 12:01 a                                    | a.m. on the ear        | lier or                |
| The 90th day after the recornated JULY 30.   | rd is filed 2018                                       | ·  |   | a.m. on the ear        | lier or                |
| The 90th day after the recornated JULY 30.   | d is filed.  | ·  |   | a.m. on the ear        | 2010 SE                |

Page 3 of 3

Filing Fee: \$25.00