

L15000198937

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000301693 3)))



H150003016933ABC

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M & N FAMILY HOLDINGS, LLC**

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K. SALLY  
EXAMINER

DEC 29 2015

RECEIVED

15 DEC 28 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2015 DEC 28 AM 10:33

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11/04/2033 01:19

850-817-8381

12/23/2015 9:04:46 AM PAGE 1/001

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December 23, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

M & N FAMILY HOLDINGS, LLC  
1110 BRICKELL BAY DR.  
#2909  
MIAMI, FL 33131

SUBJECT: M & N FAMILY HOLDINGS, LLC  
REF: L15000198937

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000301693  
Letter Number: 115A00026829

# 2ND REQUEST

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15 DEC 28 AM 9:30

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H15000301693

M + N Family Holdings, 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 Company were filed on 11/16/15 and assigned  
Florida document number L15000198937

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1111 Brickell Bay Drive  
Unit # 2909  
Miami, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1111 Brickell Bay Drive  
Unit # 2909  
Miami, FL 33144

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

H15000301693

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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.

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 12/15 2015

[Signature]  
Signature of a member or authorized representative of a member

MANICABNA  
Typed or printed name of signer