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SECRETARY OF STATE TALLAHASSES, FLORIDA

MAR 0 8 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	<u> Hiractiva, LL</u>) 	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Don C	Name of Person CHOOZOUZ P. A	TALLAHASSE TALLAHASSE 16 MAR -7
	1800 N, Con	Firm/Company Firm/Company Address	7 PH 4: 15
	Westen 7	City/State and Zip Code	
Too form of the second	`	ZALOZ (C) ACL (CAY) to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Name	SOZOLOZ of Person	at (<u>954</u>) <u>598 (</u> Area Code Daytime	Yolo Telephone Number
Enclosed is a check for	the 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miractiv	a, uc
(<u>Name of the Limited I</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L1606001292</u>	lity Company were filed on JANUAYY 19, 2016 and assigned 8
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation L.L.
Enter new principal offices address, if applicable	e: 1 (3) 50 -
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	5 CONTE
(Mailing address MAY BE A POST OFFICE BO	X)
manning underess mili BE mil Osi Oli Mol Bo	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regi	istered 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos A. Muno Mira	in C/o 1600 N. Corp Laines 121 Vd	Add
		Vuite 201	Remove
		Weston Fl 33326	K Change
AMBR	Carlos A. Mena mira	in c/o 1820 N. Corp lanes is	<mark>M</mark> □ Add
		voile 201	Remove
		Weston FL 33326	Change T
			SST
			Remove
			Change
			□ Add
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			ite, but not an effe	ective time, at 12:0	1 a.m. on the earlier o
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	ated <u></u>	March 2,	2016_		
)	~ ~ 0	
The 90th day after the record is filed.		~&	1000		

Page 3 of 3

Filing Fee: \$25.00