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Special Instructions	s to Filing Officer:	
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2016 APR 18 PM 3: 19
SECRETARY OF STATE

K.SALY EXAMINER APR 19

# **COVER LETTER**

TO: Registration Sec Division of Corp			
ѕивјест: <u>⊬јС</u>	Mi Fried Lobston	er UC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Eduardo	Foira Name of Person	
		ied Lobster UC	
	118525	SW 187th terra	<u>ce</u>
	Mic	city/State and Zip Code city/State and Zip Code coiral972@gn	
	E-mail address: (t	foiral972@gn to be used for future annual report	nail. Com
For further information co	ncerning this matter, please ca	all:	
Eduardo Name of	Foira Person	at (786) 4 Area Code Day	78-7942 rtime Telephone Number
Enclosed is a check for the	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

ARTIC	LLES OF ORGAN. OF	IZATION	20/6 400
Migmi Frie	d Lobster LLC Liability Company as it now Florida Limited Liability Con	appears on our reco	2816 APR 18 PM 3: 15  FALLAHASSEE ELOPE
The Articles of Organization for this Limited Liab Florida document number   6000   90	oility Company were filed	on <u>01/2</u>	8/16 and assigned
This amendment is submitted to amend the follow	ving;		
A. If amending name, enter the new name of t	he limited liability comp	any here:	
Enter new principal offices address, if applicable of the control			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here:	ess on our recor	ds, enter the name of the ne
Name of New Registered Agent:	Eduardo	Foira	
New Registered Office Address:	11852 54	18740 f ater Florida street addr	trac
	Mian		Florida 33177

### 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.

Ohnging Registered Agent, Signature of New Registered Agent

Page 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 **Title** Address **Type of Action Name** 11852 SW 1874 Terrace Miami, FL 33177 ☐ Change 11852 SW 1874h temac XAdd Eduardo Poirca ☐ Remove ☐ Change □ Add ☐ Remove Remove \_□ Add □ Remove ☐ Change □ Add □ Remove □ Change

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n effecti ote: If t	the date, if other than the date of filing:	Pursuant to 605.02 will not be listed a
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier
	90th day after the record is filed.	
ted	April 11th 2016	

Page 3 of 3

Filing Fee: \$25.00