

L160000037321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

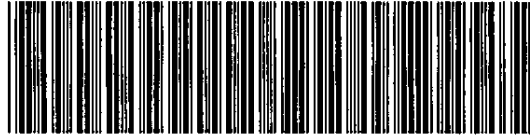
(Document Number)

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L16-37321

Amend

05/09/16--01028--004 \*\*30.00

FILED  
16 MAY -9 PM 4:14  
CLERK OF STATE  
ALLIANCE FLORIDA

MAY 11 2016

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MIAMI SOUND WAY, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSIE D'LEON  
\_\_\_\_\_  
Name of Person  
  
D'LEON INC  
\_\_\_\_\_  
Firm/Company  
  
11200 PINES BLVD SUITE 200  
\_\_\_\_\_  
Address  
  
PEMBROKE PINES, FL 33026  
\_\_\_\_\_  
City/State and Zip Code  
  
SUSIE@DLEON.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSIE D'LEON  
\_\_\_\_\_  
Name of Person  
  
954 6529475  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MIAMI SOUND WAY

(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 02/19/2016 and assigned  
Florida document number L16000037321

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

4425 SW 160 AVE # 200

MIRAMAR, FL 33027

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4425 SW 160 AVE # 200

MIRAMAR, FL 33027

**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:

JUAN G SOTOMAYOR

New Registered Office Address:

4425 SW 160 AVE # 200

*Enter Florida street address*

MIRAMAR

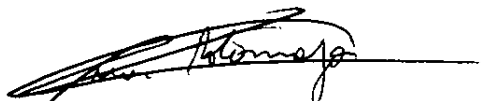
*City*

, Florida 33027

*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**

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>
MGR	ALEJANDRO DE LEON	4201 N FEDERAL HWY SUITE E	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGEL DANIEL LEDESMA	4425 SW 160 AVE # 200	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIA-GABRIELA ARELLANC	4425 SW 160 AVE # 200	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN G SOTOMAYOR	4425 SW 160 AVE # 200	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 MAR - 9 PM  
CALLAHAN STATE  
FLORIDA

16 MAY -9 PM 11:14  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

16 MAY -9 PM 11:14  
DEPT. OF STATE  
WILLAHASSEE, FLORIDA

7700

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee