

KL6 0000 70339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

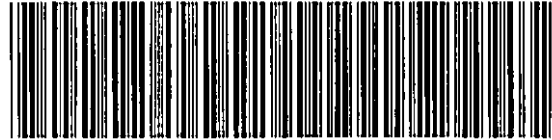
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2022 JUN 30 AM 11:02  
JUL 1 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUBWAY AIRPORT D, 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:

Dave Roberts, CPA, CGMA

\_\_\_\_\_  
Name of Person

DAVE ROBERTS CPA, PA

\_\_\_\_\_  
Firm/Company

14 N.E. 1ST AVENUE, unit 801

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33132

\_\_\_\_\_  
City/State and Zip Code

info@drobertspa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Roberts, CPA, CGMA

305 777 - 1699

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

FILED  
2022 JUN 30 AM 11:02

SUBWAY AIRPORT D, 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 04/08/2016 and assigned  
Florida document number L16000070339.

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)**

Miami International Airport

4200 NW 21st Street, Concourse D-11

Miami, FL 33122

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

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

3627 S DOUGLAS ROAD, unit 15

MIAMI, FL 33133

**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:

Dave Roberts CPA, PA

New Registered Office Address:

14 N.E. 1ST AVENUE, unit 801

*Enter Florida street address*

MIAMI

*City*

Florida 33132

*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	M.I.A.C CORP-C/O IDRIS MYSO	19420 NW 3 COURT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ICM Food & Service Inc.	19420 NW 3 COURT	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

*(This area is crossed out with a diagonal line.)*

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 June 17, 2022.

Brenda Rivers

Signature of a member or authorized representative of a member

Brenda Rivers

Typed or printed name of signee

Filing Fee: \$25.00