## L16000076534

(Requestor's Name)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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3370 Mary Street Miami, FL 33133

Telephone: (305) 859-6050 Fax: (305) 859-6051

July 17, 2018

<u>Via Fedex</u>
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RE: Filing Fee for the Amendment of FL Limited Liability Companies

To whom it may concern,

Enclosed for your processing, please find Check No. 9390 in the amount of \$100.00 for the Amendment filing fee of the following Limited Liability Companies:

- 8 Street Operator LLC \$25.00
- Crystal Platinum LLC \$25.00
- Black Bay LLC \$25.00
- Milo Real Estate Holdings LLC \$25.00

For any questions, please feel free to contact our office at 305-859-6050.

Kind regards.

Legal Secretary

## **COVER LETTER**

TO:

TO:					
спр п					
SUBJE	.c.i:			ted Liability Company	<del></del>
The end	:losed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	return all o	correspon	dence concerning this matter	to the following:	
		Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  CAROLYN KAHL  Name of Person  ROCA GONZALEZ, P.A.  Firm-Company  3370 MARY STREET  Address  MIAMI, FL 33133  City/State and Zip Code  CKAHL@RGPA.COM  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  YN KAHL  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount:  10 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			
				Name of Person	
			ROCA GONZALEZ, P.A.		
			<u> </u>	Firm/Company	· • • • • • • • • • • • • • • • • • • •
			3370 MARY STREET		
				Address	
			MIAMI, FL 33133		
				City/State and Zip Code	
			<del></del>	o be used for future annual report	notification)
For fur	ther infor	nation co		•	,
CARO	LYN KA	HL			
		Name of	Person	Area Code Da	ytime Telephone Number
Enclose	ed is a che	eck for the	following amount:		
<b>■</b> \$2:	5.00 Filing	g Fee		Certified Copy	Certificate of Status & Certified Copy
		Registra Division	tion Section of Corporations	Registration So	ection prorations

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

8 STREET OPERATOR LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/18/2016	and assigned
Florida document number L16000076534		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
		the abbraviation "I.I.C."
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation LLC C	t the appreviation E.E.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SIONE
		FIL OF C
Enter new mailing address, if applicable:		DROG REGIO
(Mailing address MAY BE A POST OFFICE BOX)		OR A
		3 7 TEN
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
<del></del>	Enter Florida street address	ida

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>	Address	Type of Action
MGR	RICARDO D CAROZZI	1040 EAST 3RD STREET	
		HIALEAH, FL 33010	☐ Remove
			■ Change
			☐ Remove
			□ Change
			D Add
			Remove
	<del>.,</del>		☐ Change
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			□ Add
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Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant ry filing requirements, this date will not	t to 605.020 be listed a
he record specifies a delayed e The 90th day after the record	ffective date, but not an effective date.	ctive time, at 12:01 a.m. on the	earlier o
Dated	, 2018		
Jam lem	mature of a member or authorized repres	sentative of a member	<del></del>

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Filing Fee: \$25.00