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K.SALY EXAMINER JUN 21

## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT: A A	CF Mi.	AMI HOLDING	ss LLC	
SUBSECT:	Name of Limit	ted Liability Company		
The enclosed Articles of An	nendment and fco(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	ALEJAN	Nume of Person	ANDEZ	
		Nume of Person		
Firm/Company				
	9490 5.0	W. 1/2 AVE		
	MiAmi,	Gity/State and Zip Code  City/State and Zip Code  A OL. COM		
	4 1	City/State and Zip Code		
		to be used for future agritual report notifi	cation)	
For further information con	coming this matter, please or	<u>d</u> l:	·	
ALETANID	No A. FERN	1mle2.786. 9.59-	4600	
Name of P	erson	4~9c& 786, 859- Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional capy is enclosed)	
	G ADDRESS:	STREET/COURIE		
Division o	on Section of Corporations	Registration Section Division of Corpora	1	
P.O. Box Tallahess	6327 ee, FL 32314	Clifton Building 2661 Executive Cen	ter Circle	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	ILEO
ר נגעל שיי	20
ALLAHASSE	AM 11:57
	E. FLORIDA

AACF MIAMI HOLDINGS LLCARASSEE, FLO
(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 \( \sqrt{09/2016} \) and assigned Florida document number \( \sqrt{16000090779} \)
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 "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
. Florida

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

Zip Code

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 Type of Action <u>Address</u> Title FERNANDEZ
ALEJANDROA. 9490 S.W. 112 AVE XIAND
MIANI, FL. 33176 DRem ☐ Change □ Add ☐ Remove 10 Removes □ Change □ Remove Change □ Add \_□ Remove ☐ Change ☐ Remove

☐ Change

D. Ifa	nmending any other information, enter change(s) here. (Attach additional sheets, if necessary.)	
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(If a	(optional) an effective date, if other than the date of filing: ————————————————————————————————————	)7 (3)(b) is the
	e 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.	of:
Da	ated JUNE 14/, 2016.	
	Alet d. d-	
	Signature of a member or authorized representative of a member	
	ALETANDRO A. FERMANDEZ.	

Page 3 of 3

Filing Fee: \$25.00