## 1600117496

(R	Requestor's Name)	
(A	ddress)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Ľ	Document Number)	
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DIVISION OF CORPORATION

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## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations	·	
SHRIE	NEW I	MIAMI HABITAT LLC		
30831.	C1	Name of Lin	nted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		FERNANDO COLMENA	ARES	
			Name of Person	
		NEW MIAMI HABITAT L	LC	
	Division of Corporations  NEW MIAMI HABITAT LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filling.  secreturn all correspondence concerning this matter to the following:    FERNANDO COLMENARES			
		2297 NE 164 ST		
			Address	
		NORTH MIAMI BEACH,	FL 33160	
			•	1.6
				notification)
For furth	ner information o		·	. Hourseason)
		NARES	786 333 924	47
_	Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>≅</b> \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

NEW MIAMI HABITAT, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 06-17-20	16 and assig	gned
Florida document number L16000117496			,
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 I	ciability 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	5)		<u> </u>
		<u></u>	<u> </u>
		UN 2	(조원) - 영당~
Inter new mailing address, if applicable:		8	
Mailing address MAY BE A POST OFFICE BOX)		70	नुक
	***************************************	• •	1
		32.	<del></del>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our re <u>here</u> :	cords, enter the name of	the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street i	address	
		_, Florida	
	City	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CRISTIAN MACAGNI	2297 NE 164 ST	_ ■ Add
٠		NORTH MIAMI BEACH, FL 33160	□ Remove
			□ Change
MGR	ROMULO E. COLMENARES	2297 NE 164 ST	
		NORTH MIAMI BEACH, FL 33160	■ Remove
			Change
AMBR JO	JOSE O. CHACON RAMIREZ	2297 NE 164 ST	
		NORTH MIAMI BEACH, FL 33160	<del>■</del> Remove
			Change
AMBR	PAUL M. PALMER AZUAJE	2297 NE 164 ST	
		NORTH MIAMI BEACH, FL 33160	<b>⊟</b> Remove
			Change
AMBR CLA	CLAUDIA D.C.CHACON RAMIF, € 2	2297 NE 164 ST	
		NORTH MIAMI BEACH, FL 33160	■ Remove
			☐ Change
			☐ Remove
			□ Change

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		JUN 2
		8 P <b>1</b>
		32
E. Eff	ctive date, if other than the date of filing:	Pursuant to 605.020
<u>No</u>	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date warment's effective date on the Department of State's records.	
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or ne 90th day after the record is filed.	n the earlier o
Da	JUNE, 22 2018	
	$\overline{D}$	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00