L16000175222

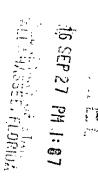
(Re	questor's Name)	
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COVER LETTER

	stration Sec sion of Corp			
SUBJECT:	MIDIAP ID	EAS LLC		
_		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
		ROCIO BUSTELO		
			Name of Person	
			Firm/Company	
		3800 S OCEAN DR #1825	5	
			Address	
•		HOLLYWOOD, FL 33019	9	
			City/State and Zip Code	
		PLUZQUINOSF@HOTM/		
		E-mail address: (to be used for future annual report not	fication)
For further inf	formation co	oncerning this matter, please ca	all:	
PEDRO LUZ			954 655-8413 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fil	ling 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDIAP IDEAS LLC				
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our reco company)	<u>rds.</u>)	
The Articles of Organization for this Limited L. Clorida document number L16000175222	iability Company were fil	ed on 09/20/2016		and assigned
his amendment is submitted to amend the foll	owing:		•	
. If amending name, enter the new name o	of the limited liability con	npany here:		
he new name must be distinguishable and contain the	words "Limited Liability Comp	any." the designation "Ll	.C" or the abbrevia	tion T.L.C."
nter new principal offices address, if applic			fair f	6
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		\$0.5 \$0.5	2
nter new mailing address, if applicable:	·		E. EL WALL	- F
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		2.5	
. If amending the registered agent and gistered agent and/or the new registered o		dress on our recor	ds, enter the 1	name of the r
Name of New Registered Agent:	ROCIO BUSTELO			
New Registered Office Address:	<u> 3800 S</u>	OCCAN DY Enter Florida street addre	F 1825	
	Holle	ood, F	eo Zlorido 3	3019
	11011900 6	<u>/_/</u>	. IOLIUN —————	<u> </u>

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>	Type of Action
AMBR	NATALIA SOSA	3800 S OCEAN DR #1825	
		HOLLYWOOD, FL 33019	■ Remove
			Change
AMBR	ROCIO BUSTELO	3800 S OCEAN DR #1825	⊒ Add
		HOLLYWOOD, FL 33019	Remove
			☐ Change
			Remove
		·	Add
			☐ Remove
			Change
	•		
		· .	☐ Remove
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			☐ Change

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	5 7	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to	o 605.0207 (3)(c listed as the
the record specifies a delayed effective date, but not an eff) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the e	arlier of:
Dated		
The state of the s		_
Signature of a member of authorized repr	resenuative of a member	
	Bustela	

Page 3 of 3

Filing Fee: \$25.00