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COVER LETTER

	gistration Sec vision of Corp			
CUBIECT.	BELLAGIO	1911 LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		OSCAR A. GUERRA		
			Name of Person	
		MTO, LLC		
			Firm/Company	
		1450 BRICKELL BAY DR	R., 1802	
•			Address	
	•	MIAMI, FL 33131		
			City/State and Zip Code	
		OAGUERRAC@YAHOO.	COM to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	·	,
OSCAR A.	GUERRA		305 7676961	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELLAGIO 1911 LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/02/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		≅ = - ⊤:
(Principal office address MUST BE A STREET ADDR	ESS)	
		MIII:
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(, d)
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
Now Desistand Assetts Cignotons if should beside and	l A	-

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
MGR	MTO, LLC	1450 BRICKELL BAY DR., 1802	Add
		MIAMI, FL 33131	■ Remove
			Change
AMBR	JORGE LOPEZ GARZA	15811 COLLINS AVE, 905	⊟ Add
		SUNNY ISLES,FL 33160	□ Remove
•			Change
-			Add
			□ Remove
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ective date, if other than the date effective date is listed, the date must bete: If the date inserted in this block ument's effective date on the Department's	k does not meet the app artment of State's recor	blicable statutory filin ds.	g requirements, this da	ite will not be listed
record specifies a delayed e he 90th day after the recor	effective date, but d is filed.	not an effective t	ime, at 12:01 a.m	n, on the earlier
DEC. 14,	2016			
		TAX TO		
	/2			

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Filing Fee: \$25.00