

L16000222464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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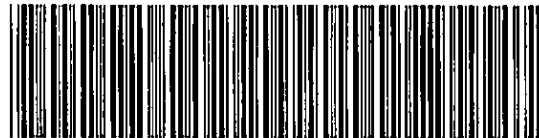
(Business Entity Name)

(Document Number)

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AUG 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIGUEL M GARCIA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVELYN R. YOUNG
Name of Person
KEY YOUNG ASSOCIATES, INC.
Firm/Company
3561 NW 109TH TER
Address
SUNRISE, FLORIDA 33351
City/State and Zip Code
keyyoungassociates@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVELYN R. YOUNG at (954) 822-6878
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MIGUEL M GARCIA

(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 12/08/2016 and assigned
Florida document number L16000222464.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

WANDA I. JIMENEZ

213 NW 10TH ST.

POMPANO BEACH, FL. 33060

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 agent and/or the new registered office address here:

Name of New Registered Agent:

WAND I. JIMENEZ

New Registered Office Address:

213 NW 10TH ST.

Enter Florida street address

POMPANO BEACH

City

Florida 33060

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, 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>	<u>Type of Action</u>
MGR	MIGUEL M. GARCIA		<input type="checkbox"/> Add
		213 NW 10TH ST.	<input type="checkbox"/> Remove
		POMPANO BEACH, FL. 33060	<input checked="" type="checkbox"/> Change
MGR	WANDA I. JIMENEZ	213 NW 10TH STREET	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL. 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIGUEL M. GARCIA	213 NW 10TH STREET	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL. 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 11, 2017

Miguel Garcia
Typed or printed name of signee