

L16000222464

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2017 AUG 30 PM 4:17  
SEC. OF STATE  
TALLAHASSEE, FL 32310

K. SALY

AUG 31 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2017

KEY YOUNG ASSOCIATES, INC.  
EVELYN R YOUNG  
3561 NW 109TH TERR  
SUNRISE, FL 33351

SUBJECT: MIGUEL M GARCIA, LLC  
Ref. Number: L16000222464

We have received your document for MIGUEL M GARCIA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 817A00017047

## 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

10/2/17

**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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

\_\_\_\_\_  
WANDA 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

**MGR = Manager**  
**AMBR = Authorized Member**

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2018 AUG 30 PM 4:17

☐ Add

☐ Remove

☐ Change

☐ Add

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2017 AUG 30 PM 4:17  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
JANUARY 10, 2017

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 11, 2017

Miguel H. Garcia  
Signature of a member or authorized representative of a member

Miguel M. Garcia.  
Typed or printed name of signee