## L1700126312

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (C) |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



800302492568

08/17/17--01016--019 \*\*25.00

17 AUG 17 AM II: 48

S. WARREN AUG 1 8 2017

## **COVER LETTER**

| TO:                           | Registration Se<br>Division of Cor |  |   |  |
|-------------------------------|------------------------------------|--|---|--|
| SUBJE                         | MI PUEBL                           | O # 3 LLC                                    |   |  |
|                               |                                    | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The en                        | closed Articles of                 | Amendment and fec(s) are sub                 | mitted for filing.  |  |
| Please                        | return all correspo                | ndence concerning this matter                | to the following:   |  |
|                               |                                    | FAUSTO ALVAREZ                               |   |  |
|                               |                                    |  | Name of Person  |  |
|                               |                                    | MI PUEBLO # 3 LLC                            |   |  |
|                               |                                    |  | Firm/Company  |  |
| 9825 SAN JOSE BLVD SUIT 20-21 |                                    |  |   |  |
|                               |                                    |  | Address   |  |
|                               |                                    | JACKSONVILLE, FL, 32:                        | 257   |  |
| City/State and Zip Code       |                                    |  |   |  |
| MIPUEBLOMARKET@HOTMAIL.COM    |                                    |  |   |  |
|                               |                                    | E-mail address: (                            | to be used for future annual report not                             | ification)   |
| For fur                       | ther information co                | oncerning this matter, please co             | all:  |  |
| FAUS                          | TO ALVAREZ                         |  | 954 744-6851<br>at ( )  |  |
|                               | Name of                            | Person                                       | Area Code Daytin  | ne Telephone Number  |
| Enclose                       | ed is a check for th               | e following amount:                          |   |  |
| <b>■ \$2</b> 5                | 5.00 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

MI PUEBLO # 3 LLC

| ( <u>Name of the Limited Liabili</u><br>(A Florida   | ity Company as it now<br>a Limited Liability Com                  | appears on our records<br>pany)             | <u>.</u> )  |
|--|---|---|---|
| The Articles of Organization for this Limited Liability C Florida document number L17000126312   | Company were filed  | on 06/09/2017                               | and assigned  |
| This amendment is submitted to amend the following:  |   |   |   |
| A. If amending name, enter the new name of the lim   | nited liability compa   | ny here:                                    |   |
| The new name must be distinguishable and contain the words "Lim  | nited 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 ADDI  | RESS)   | <del>_</del>                                |   |
|  |   |   | · ·   |
|  |   |   |   |
| Enter new mailing address, if applicable:  |   |   | <u> </u>  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |   |
|  |   |   |   |
| B. If amending the registered agent and/or regis   | stered office addre   | ss on our records,                          | , enter the name of the n   |
| registered agent and/or the new registered office add  |   |   |   |
|  |   |   |   |
| Name of New Registered Agent:  |   |   | <del></del>   |
| New Registered Office Address:   |   |   |   |
|  | Ent   | er Florida street address                   |   |
|  |   | , Flor                                      | rida  |
|  | City  |   | Zip Code  |
| New Registered Agent's Signature, if changing Registere  |   |   | <u></u>   |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change. | complete performan<br>gent as provided fo<br>ed office address, I | ce of my duties, and<br>r in Chapter 605, F | d I am familiar with and<br>S.S. Or, if this document is<br>t the limited liability |
|  |   |   | (17) <b>(27)</b>  |

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>      | Address                       | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| AMBR         | CARLOS ALMEIDA   | 9825 SAN JOSE BLVD SUIT 20-21 |                |
|              |                  | JACKSONVILLE, FL, 32257       | ■ Remove       |
|              |                  |                               | Change         |
| AMBR         | MARCELLO ALMEIDA | 9825 SAN JOSE BLVD SUIT 20-21 | Add            |
|              |                  | JACKSONVILLE, FL, 32257       | ☐ Remove       |
|              |                  |                               | ☐ Change       |
|              |                  |                               | Add            |
|              |                  |                               | ☐ Remove       |
|              |                  |                               | Change         |
|              |                  |                               |                |
|              |                  |                               | □ Remove       |
|              |                  | <del></del>                   | Change         |
|              |                  |                               | Add            |
|              |                  |                               | Remove         |
|              |                  |                               | Change         |
|              |                  |                               | D'Add Remove   |

| t   |                                    |                                       |                             |                                  |                 |             |
|---|------------------------------------|---------------------------------------|-----------------------------|----------------------------------|-----------------|-------------|
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    | <u>-</u>                              |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       | <u> </u>                    | · · ·                            |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  | _               |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  | -               |             |
| <del></del>   |                                    | <u> </u>                              |                             |                                  | <del></del>     | <del></del> |
|   |                                    |                                       |                             | <u> </u>                         |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    |                                       |                             |                                  |                 |             |
|   |                                    | · · · · · · · · · · · · · · · · · · · |                             |                                  |                 |             |
| المال الماضة المالة المائمان                            |                                    |                                       |                             | , ,,                             |                 |             |
| ective date, if other the effective date is listed, the | date must be specific an           | nd cannot be prior to                 | date of filing or more that | (option:<br>n 90 days after fili | ng.) Pursuant   | to 605.02   |
| e: If the date inserted in                              |                                    |                                       | e statutory filing requ     | iirements, this da               | ate will not b  | be listed   |
| ument's effective date o                                | <b>,</b>                           |                                       |                             |                                  |                 |             |
| ument's effective date o                                |                                    |                                       |                             |                                  |                 |             |
| ecord specifies a d                                     |                                    |                                       | an effective time,          | at 12:01 a.n                     | n. on the       | earlier     |
| record specifies a d<br>ne 90th day after th            |                                    |                                       | an effective time,          | at 12:01 a.n                     | n. on the       | earlier     |
| record specifies a d<br>ne 90th day after th            |                                    | l.                                    | in effective time,          | at 12:01 a.n                     | 17 A            | earlier     |
| record specifies a d<br>ne 90th day after th            |                                    | l.                                    | nn effective time,          | at 12:01 a.n                     | 1, on the       |             |
| record specifies a d<br>ne 90th day after ti            | he record is filed                 | ., 2017                               | ed representative of a n    |                                  | 17 AUG 17       |             |
| record specifies a dhe 90th day after the AGUST 08      | he record is filed  Signature of a | ., 2017                               | ·                           | nember                           | 17 AUG 17 AM II |             |

Page 3 of 3

Filing Fee: \$25.00