

L17000194731

(Requestor's Name)

(Address)

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2017 OCT 23 PM 3:49

FILE

OCT 25 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FO.CO MIA 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:

JONATHAN CARCASSES

Name of Person

MIA CONDO INC.

Firm/Company

19201 COLLINS AVE CU-120

Address

SUNNY ISLES BEACH FL 33160

City/State and Zip Code

JONATHAN@MIACONDO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN CARCASSES

786 3567908
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2017

JONATHAN CARCASSES
19201 COLLINS AVE CU-120
SUNNY ISLES BEACH, FL 33160

SUBJECT: FO.CO MIA LLC
Ref. Number: L17000194731

We have received your document for FO.CO MIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00020003

2017 OCT 23 PM 3:52

RECEIVED

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FO.CO MIA LLC

(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 09/19/2017 and assigned
Florida document number L17000194731.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
City 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	LUIS ENRIQUE VELEZ FUNES	19201 COLLINS AVE 1040	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	SOFIA VELEZ-FUNES	19201 COLLINS AVE 1040	<input type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
		(CORRECTING NAME ABOVE)	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Where Sofia's
name is shown,
Please let it reflect
her last name as
"Velez Funes"
Thanks!

2011 OCT 23
11:34 PM

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

(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) **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 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

2017 OCT 23 Fri 3:43