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COVER LETTER

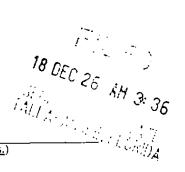
TO:	Registration Sec Division of Corp		· · ·	
CHE	LDC MIAN	II LLC	•	
SUBJ	JECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		JOSE L ALMANZAR		Daytime Telephone Number S60.00 Filing Fee, Certificate of Status &
			Name of Person	
			Firm/Company	
		13501 SW 128TH ST SUI	TE 201	
		MIAMI FL 33186	Address	
		JOSELALMANZAR@GM	City/State and Zip Code AIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fi	arther information co	oncerning this matter, please co	all:	
JOSE	EL ALMANZAR		786 412-7217	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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



LDC MIAMI 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 10/17/2017	and assigned
Florida document number L17000214324		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	v
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is

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	JOSE L ALMANZAR	13501 SW 128TH STREET #201 MIAMI FL 33186	□ Add
			■ Remove
			☐ Change
			Add
			Remove
			□ Change
			26
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

				
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Fective date, if other than the date in effective date is listed, the date must be stee: If the date inserted in this block cument's effective date on the Depart	specific and cannot be p does not meet the ap	prior to date of filing c plicable statutory f	or more than 90 days after	ional) er filing.) Pursuant to 605.020 is date will not be listed a:
record specifies a delayed ef The 90th day after the record	fective date, but is filed.	not an effecti <u>v</u>	<u>e</u> time, at 12:01	a.m. on the earlier o
ded DECEMBER 20TH	2018			
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Filing Fee: \$25.00