

U7000221207

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18 MAY -7 AM 8:13
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The M Hub 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:

CLAUDIO VARNA TORTOLERO

Name of Person

Firm/Company

601 N.E. 36 ST APT 1011

Address

MIAMI FL 33137

City/State and Zip Code

CLAUDIO@THEMHUB.NET

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

For further information concerning this matter, please call:

CLAUDIO VARNA

Name of Person

at (786)

Area Code

384-0758

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

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

Tite M Hub LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
MAY 17 AM 8:13
RECEIVED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-25-17 and assigned Florida document number 417000221207

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)

601 N.E. 36th

APT 1011

MIAMI FL 33137

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:

CLAUDIO VARELA TORO LERD

New Registered Office Address:

601 N.E. 36th APT 1011

Enter Florida street address

MIAMI

City

Florida

Zip Code

33137

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>
<u>MGR</u>	<u>PAOLA D. MARTINEZ</u>	<u>4040 W. PALM AVE DR</u>	<input type="checkbox"/> Add
	<u>POYATO</u>	<u>POMERANOS BEACH FL 33069</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>CLAUDIO UNREA</u>	<u>601 N.E. 36TH AVE</u>	<input checked="" type="checkbox"/> Add
	<u>TORTOLENO</u>	<u>1011</u>	
		<u>MIAMI FL 33137</u>	<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
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			<input type="checkbox"/> Change

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OF FLORIDA

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SECURITY OF STATES
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10

SECRET
MAY - 7 AM 8:13
SECRETARY OF STATE
WASHINGTON, D.C.

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 4-24-18, _____

Signature of a member or authorized representative of a member

CLAUDIO VARELA TORTOLERO.
Typed or printed name of signee