

9/18/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000273022 3)))



H180002730223ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RCU MIAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help K. SALY  
SEP 20 2018

(((H18000273022 3)))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RCU 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 11/20/2017

Florida document number L17000239864

and assigned

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:

9511 COLLINS AVE APT 709

(Principal office address MUST BE A STREET ADDRESS)

SURFSIDE FL 33154

Enter new mailing address, if applicable:

9511 COLLINS AVE APT 709

(Mailing address MAY BE A POST OFFICE BOX)

SURFSIDE FL 33154

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:

ALEJANDRO MAYA

New Registered Office Address:

9511 COLLINS AVE APT 709

Enter Florida street address

SURFSIDE

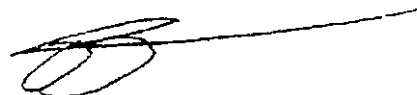
Florida 33154

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 603, 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

(((H18000273022 3)))

FILED  
18 SEP 19 AM 12:48  
STATE OF FLORIDA  
TALLAHASSEE

((H18000273022 3)))

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

Title	Name	Address	Type of Action
MGR	CARLOS SANTIAGO LEVY	920 LINCOLN ROAD	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEJANDRO MAYA	9511 COLLINS AVE APT 709	<input checked="" type="checkbox"/> Add
		SURFSIDE FL 33154	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SARA MAYA	1000 WSET AVE APT 330	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 19 AM 12:49  
 SEATTLE  
 TABALA  
 STATE OF FLORIDA

FILED

((H18000273022 3)))

((H18000273022 3)))

10. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
18 SEP 19 AM 12:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09/14/2018

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.02

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

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

Dated SEPTEMBER 18 2018

Signature of a member or authorized representative of a member

CARLOS JANTIAGO LEVY

Typed or printed name of signee

((H18000273022 3)))