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## **COVER LETTER**

TO:	Registration Se Division of Cor			
01111	MIND MIA	MILLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LUIS R. SMITH		
		AMI LLC  Name of Limited Liability Company  of Amendment and feets) are submitted for filing.  soundence concerning this matter to the following:  LUIS R. SMITH  Name of Person  TAXES USA LLC  Firm/Company  11402 NW 41ST STREET SUITE 211  Address  DORAL. FL 33178  City/State and Zip Code  LM.JESSEL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  of Person  1 305		
		TAXES USA LLC		
			Firm/Company	
		11402 NW 41ST STREE	ET SUITE 211	
			Address	<del></del>
		DORAL. FL 33178		
		<del></del>	·	
		<del>-</del>		ention
For fu	rther information c			carrony
LUIS	R. SMITH			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	25,00 Filing Fee			

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

MIND MIAMI LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>01/03/2018</u>	and assigned
Florida document number L18000001807		
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 Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del> _
(Principal office address MUST BE A STREET ADDRESS)		<b>16</b>
-		
		_ 357
Enter new mailing address, if applicable:		2 227
7		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<del></del>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r the name of the ne
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>	Address	Type of Action
MGR	GABRIELLA MUTTI	8335 NW 68TH ST	Add
		DORAL, FL 33166	■ Remove
			□ Change
MGR	EMILIO J. TERAN	3555 NW 83RD AVE	<b>⊜</b> Add
		SUITE 206	
		DORAL, FL 33122	☐ Change
			□ Remove
			Change
		_	Add
		<del> </del>	☐ Remove
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Effective date, if other the fan effective date is listed, the Note: If the date inserted is document's effective date of	n this block does no	t meet the applic	cable statutory fi	(op more than 90 days af ling requirements, t	tional) ler filing.) Pursuant to his date will not be l	605.020 listed a
ne record specifies a c The 90th day after t			ot an effective	e time, at 12:01	a.m. on the ea	rlier d
July 2 Dated		2018				
	, —	_				
	-		orized representat			