## L18000035129

(Requestor's Name)
(Address)
(Address)
(riddless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elisty Harris)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Filip Office
Special Instructions to Filing Officer:

Office Use Only



200309479962

03/02/18--01019--010 \*\*25.00

## COVER LETTER

Miami Mas	sterpiece, LLC		
OT	Name of Lim	ited Liability Company	
	Edgard Zambrano, MBA		
		Name of Person	
	The Genesis Firm LLC		
		Firm/Company	
	3105 NW 107th Avenue S	TE 400-E4	
		Address	
	Doral, FL 33172		
		City/State and Zip Code	
	•	to be used for future annual report notil	ication)
her information c	oncerning this matter, please co	all:	
Zambrano, MBA		786 401-7741	
Name o	f Person	Area Code Daytime	: Telephone Number
d is a check for th	ne following amount:		
.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)
	her information e  Zambrano, MBA  Name o	elosed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter  Edgard Zambrano, MBA  The Genesis Firm LLC  3105 NW 107th Avenue S  Doral, FL 33172  ed@thegenesisfirmIlc.com  E-mail address: ( her information concerning this matter, please concerning this matter concerning thi	Division of Corporations  Miami Masterpiece, LLC  The Mame of Limited Liability Company  And Articles of Amendment and fee(s) are submitted for filling.  Edgard Zambrano, MBA  Edgard Zambrano, MBA  Name of Person  The Genesis Firm LLC  Firm/Company  3105 NW 107th Avenue STE 400-E4  Address  Doral, FL 33172  City/State and Zip Code ed@thegenesisfirmIlc.com  F-mail address: (to be used for future annual report notified in the information concerning this matter, please call:  Zambrano, MBA  Name of Person  T86  Area Code  Daytime  d is a check for the following amount:  .00 Filing Fee  \$30.00 Filing Fee & 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**

Miami Masterpiece, LLC			
( <u>Name of the Lim</u>	nited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Florida document number L18000035129	Liability Company w	rere filed on 02/01/18	and assigned
This amendment is submitted to amend the following	rticles of Organization for this Limited Liability Company were filed on 02/01/18 and assigned a document number L18000035129 mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  A name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC." The limited Liability Company." the designation "LLC." The limited Liability Company. The limited Lia		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or the	
Enter new principal offices address, if appli	icable:		<del>Z</del> ZR
(Principal office address MUST BE A STRE	ET ADDRESS)		R IAS
Enter new mailing address, if applicable:			- v
(Mailing address MAY BE A POST OFFICE	E BOX)		
		ce address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	The Genesis Firm	LLC	
New Registered Office Address:	3105 NW 107th A		
		Enter Florida street address	
	Doral	Florida	33172
		Сиу	Zip Code
New Pagistered Agent's Signature if changing	Dogistared Agents		

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

Page 1 of 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Edgard MBA	6631 W Wedgewood Ave.	□ Add
		Davie, FL 33331	
			□ Change
AMBR	Carla Ruiz	6631 W Wedgewood Avc.	<b></b>
	· ·	Davie, FL 33331	
			☐ Change
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

•									
								<del></del>	
_									
****									
_								= = = = = = = = = = = = = = = = = = =	TALL
								HAR	.AHA
								<u>.</u>	ASSE
				<del>-</del>				7	į. Li
					<del></del>		<del></del>	7: 52	CRI
		<del>.</del>			·				ĐÁ
_									
	· · · · · · · · · · · · · · · · · · ·								
_									
					•				
	-	<del></del>			·				
Effecti	ve date, if other than the date	of filing	02/21/13			(opt	ional)	. (05.030	NT / T / J
Note:	ective date is listed, the date must be s If the date inserted in this block c ent's effective date on the Depart	loes not m	rect the app	olicable statu	unng or more u tory filing rec	uirements, th	is date will not	n 605,020 be listed a	is the
	ord specifies a delayed eff 90th day after the record			not an eff	ective time	, at 12:01	a.m. on the	earlier o	of:
Dated_	February 21		2018	<b>!</b>					
izmeu _		`							
				<u> </u>	esentative of a				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00