## 118000053425

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

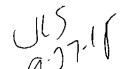
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2018 SEP 27 PM 5: 30 SECRETARY OF STATE







## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2018

HERNAN D SAN MARTIN 8103 CAMINO REAL #C407 MIAMI, FL 33143 US

SUBJECT: MI LONQUIMAY LLC Ref. Number: L18000053425

We have received your document for MI LONQUIMAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 018A00016771

## **COVER LETTER**

<b>`O</b> :	Registration Section Division of Corporations
:UBJE	ECT: MY LONQUIMAY LLC  Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
'lcase	return all correspondence concerning this matter to the following:
	HERNAND SAN MARTIN
	MI LONQUIMAY LLC Firm/Company
	8103 CAMINO REAL #C407
	MIAMI FLORIDA 33143  City/State and Zip Code
	HERNAN DANIELSM @ GMAIL, COM E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>S</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

M7 LONGUIM	AY LL	records )
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	Tecorus;
The Articles of Organization for this Limited Liability Company Florida document number <u>1.18000053425</u>	y were filed on Z	28/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. N/A	ZIII SEP 27 PH SECRETARY OF TALLAHASSE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our ere:	records, enter the name of the new
Name of New Registered Agent: // E	ERNAN B SAN	MARTIN
New Registered Office Address: 8103	S CAMINO RE  Enter Florida stre	AL # C407
	11AM1 City	, Florida <u>33143</u> Zip Code
New Degistered Agent's Signature, if changing Registered Agen	nt:	

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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