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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	<b>Registration Section</b>
	Division of Corporations

MINT 2906 LLC

SUBJECT:

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:

OSCAR HERNANDEZ

Name of Person

Firm/Company

2000 PONCE DE LEON BLVD 6TH FLOOR

Address

CORAL GABLES, FL 33134

City/State and Zip Code

calipo2014@yahoo.com

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

at (

For further information concerning this matter, please call:

OSCAR HERNANDEZ

305 979-3737

Name of Person

(\_\_\_\_\_) \_\_\_\_ Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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

MINT 2906 LLC ( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were f	iled on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		VISPO
(Principal office address MUST BE A STREET ADDRESS)		APR APR
		30 30
Enter new mailing address, if applicable:		AM I
(Mailing address MAY DE & DOWE OFFICE DOV)		
	······································	
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the tem
Name of New Registered Agent:		
New Registered Office Address:		

Enter Florida street address

, Florida \_

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.

City

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 address or removed from our records:

# MGR = Manager

.

...

1

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KOSTADINOV, EMANUEL	92 SW 3RD ST, APT 2906 Previou	🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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OSTADINOV, EMANUEL		
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#### 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 605.0207 (200) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 26, 201 Signature of a member or authorize Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00