

18000098010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

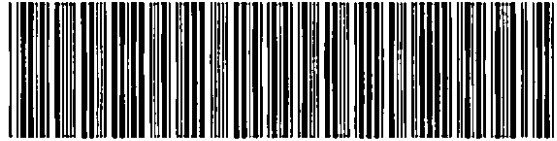
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 20 PM 2:29

Amend / name change

JUN 22 2018

D CUSHING

229



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2018

AWAH SAMA  
623 BELLEAIR PL  
CLEARWATER, FL 33756

SUBJECT: FAENANDORA LO MIRANDA LLC  
Ref. Number: L18000098010

We have received your document for FAENANDORA LO MIRANDA LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 418A00010223

60  
REC'D  
2018 JUN 20 AM 10:35  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FAENANDORA LO MIRANDA LLC

\_\_\_\_\_  
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:

SAMA, AWAH K

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

623 BELLEAIR PLACE

\_\_\_\_\_  
Address

CLEARWATER, FL 33756

\_\_\_\_\_  
City/State and Zip Code

Samaawah@yahoo.com

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

For further information concerning this matter, please call:

SAMA, AWAH K

713 261-8654  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 20 PM 2:29

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN 20 PM 2:29

FAENANDORA LO MIRANDA 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 04/18/2018 and assigned  
Florida document number L18000098010

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FAENADORA LO MIRANDA LLC

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:

1031 WEST AVE

**(Principal office address MUST BE A STREET ADDRESS)**

CLEARWATER, FL 33755

Enter new mailing address, if applicable:

1031 WEST AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

CLEARWATER, FL 33755

**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:

New Registered Office Address:

1031 WEST AVE

Enter Florida street address

CLEARWATER

City

Florida 33755

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>  | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------|----------------------|--|
| MGR          | SAMA, AWAH K | 1031 WEST AVE        | <input type="checkbox"/> Add               |
|              |              | CLEARWATER, FL 33755 | <input type="checkbox"/> Remove            |
|              |              |                      | <input checked="" type="checkbox"/> Change |
|              |              |                      | <input type="checkbox"/> Add               |
|              |              |                      | <input type="checkbox"/> Remove            |
|              |              |                      | <input type="checkbox"/> Change            |
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**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 (3)(b)  
**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.

Dated 04/23/2018

SAMA. AWAH K

**Filing Fee: \$25.00**