

LIB000124107

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 13 AM 9:14

COVER LETTER

**TO: Registration Section
Division of Corporations**

Miaum, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel A. Ramirez, Esq.

Name of Person

Castro & Ramirez, LLC

Firm Company

1805 Ponce de Leon Blvd., Suite 500

Address

Coral Gables, Florida 33134

City/State and Zip Code

mramirez@castroramirez.com

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

For further information concerning this matter, please call:

Manuel A. Ramirez

305

372-2800

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

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

Miaaeum, 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 _____ and assigned Florida document number L18000124107

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mireya W. Perez	1850 OCEAN SOUTH DRIVE	<input type="checkbox"/> Add
		# 1903	<input checked="" type="checkbox"/> Remove
		Hallandale, Florida 33009	<input type="checkbox"/> Change
MGR	Mireya Perez	1850 Ocean South Drive	<input checked="" type="checkbox"/> Add
		# 1903	<input type="checkbox"/> Remove
		Hallandale, Florida 33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 (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.

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 August 9, 2018

Signature of a member or authorized representative of a member

Manuel A. Ramirez, Esq.

Typed or printed name of signee

CASTRO & RAMIREZ LLC
1805 Ponce de Leon Blvd.
Suite 500
Coral Gables, FL 33134
Telephone: (305) 372-2800
Facsimile: (305) 372-9632

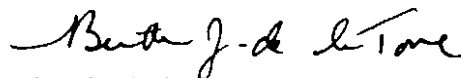
August 9, 2018

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Miacum, LLC
L 18000124107

Enclosed please find Articles of Amendment for Miacum, L.L.C. and our check in the amount of \$25 to cover the filing fee.

Very truly yours,

A handwritten signature in cursive script, reading "Bertha J. de la Torre".

Bertha J. de la Torre
Legal Assistant