## h 1800/40624

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
OTTO ED		COVERY LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	<u>.                                    </u>
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		BLANCA RIVERA		
			Name of Person	<del></del> _
		MIAMI DISCOVERY LLO		for filing.  following:  Name of Person  Firm/Company  Address  160  /State and Zip Code  M  sed for future annual report notification)  786 277-7402  at (
			Firm/Company	<del></del>
		230 NE 174th ST APT 2	202	
		<del></del>	Address	
		SUNNY ISLES BEACH,	FL 33160	
			City/State and Zip Code	
		NATALIAPOSTIGO@AO		Ention)
D6	ala and the Community on the			(cation)
		oncerning this matter, please ca		
BLANC	CA RIVERA		at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>ජ</b> \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
	Registi	ING ADDRESS: ration Section on of Corporations		n

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI DISCOVERY LLC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )		
The Articles of Organization for this Limited Liability (Florida document number L18000140624	Company were filed on 06/06/2018	and assigned		
This amendment is submitted to amend the following:	<u> </u>			
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC			
Enter new principal offices address, if applicable:		22. 28		
(Principal office address MUST BE A STREET ADD.	<u> </u>	53. 6 71		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TED W & 21		
B. If amending the registered agent and/or reginglestered agent and/or the new registered office address.		s, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, FI	orida		
	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 Type of Action **Address** <u>Title</u> **Name** \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ALLONG BUILD BAME SSEEL BORING □ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove

\_□ Change

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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	it be specific and cannot be prior to date of ock does not meet the applicable state	filing or more than 90 days	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
e record specifies a delaye The 90th day after the rec	d effective date, but not an ef ord is filed.	fective time, at 12:0	)1 a.m. on the earlier o
JULY 3RD	2018		
	Blaner en	recentative of a mamber	
	Signature of a member of authorized leb	resemante of a member	

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Filing Fee: \$25.00