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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bu	usiness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	orporations		
elb ilot.	The Suit Of Miami LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Ramon B. Butler II		
		Name of Person	
	The Suit Of Miami LLc		
		Firm/Company	
	3191 Coral Way Suits #203	3	
		Address	
	Coral Gables, Fl. 33145		
	thesuitllc@gmail.com	City/State and Zip Code	·
	E-mail address: (to be used for future annual report not	fication)
For further information	concerning this matter, please ca	all:	
Ramon Butler II		at (<u>786</u>) <u>612</u> Area Code Daytim	3363
Name	e of Person	Area Code Daytin	ne 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:

TO.

Registration Section

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

The Suit of Miami LLc					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on a Liability Company)	our records.)		
The Articles of Organization for this Limited Li Florida document numberL18000153243	ability Company	were filed on06/22.	/2018	and assig	ned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	ation "LLC" or the abbrev	iation "L.L.	C."
Enter new principal offices address, if applications	able:	3191 Coral way			
(Principal office address MUST BE A STREE		Suite # 203		18	<u>√</u> 25
		Coral Gables, Fl. 3	3145	0CT	9.H
				1	ΩΩ. .πΩ
Enter new mailing address, if applicable:				2	<u> </u>
1ailing address MAY BE A POST OFFICE BOX)				<u> 6</u>	. <u>.</u>
				<u> </u>	<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, <u>enter the</u>	name o	f the ne
Name of New Registered Agent:	Ramon B. But	tler II	<u>-</u>		
New Registered Office Address:	3191 Coral W	ay Suite# 203			
		Enter Florida s	rect address		
	Coral Gables	·	Florida ³³¹⁴⁵		
		City	ž	Lip 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.

X Raccon B. Baller 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>	Address	Type of Action
MRG	Ramon B. Butler II	3191 Coral Way Suite# 203 Coral Gables, Fl. 33145	
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	06/22/2018		•
ffective date, if other than the o	late of filing:be specific and cannot be prior to date of filing or n	(optional)	S 0207
Note: If the date inserted in this blo	ck does not meet the applicable statutory filit	ng requirements, this date will not be lis	ted as
document's effective date on the De	partment of State's records.		
enseifies a delayed	effective date, but not an effective	time at 12:01 a.m. on the earl	ier of
The 90th day after the reco	rd is filed.	ame, at 12.01 amm on the tan	
	2040		
August 30 Dated	2018		
	Signature of a member or authorized representativ		
	Kinyan IX IIX HIAN		

Page 3 of 3

Filing Fee: \$25.00