

8/20/2018

(((H18000242588 3)))

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H180002425883ABC5

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PANELL LAW GROUP, LLC
Account Number : I201300000088
Phone : (305)513-8606
Fax Number : (305)513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eli@wpolaw.com

FILED
18 AUG 21 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAGATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALLY
AUG 22 2018

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** MIAGATE 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:

ELIPANELLESQ.CPA.CFP(r).LLM

Name of Person

WERMUTHPANELLORTIZ.PLLC

Firm/Company

8750NW36THST,SUITE425

Address

DORAL,FL33178

City/State and Zip Code

eli@wpolaw.com

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

For further information concerning this matter, please call:

ELIPANELLESQ.CPA.CFP(r).LLM

at (305) 513-8606
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

(((H18000242588 3)))

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

MIAGATE 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 07/18/2018 and assigned
Florida document number L18000173336

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)

1925 BRICKELL AVE #2010

MIAMI, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

907 HUNTER LANE

ST. LOUIS, MO 63367

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:

WERMUTH PANELL & ORTIZ, PLLC

New Registered Office Address:

8750 NW 36TH ST, SUITE 425

Enter Florida street address

DORAL

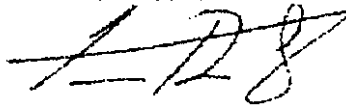
Florida 33178

City

Zip Code

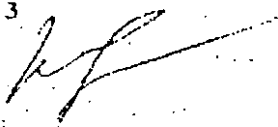
New Registered Agent's Signature, if changing Registered Agent:

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

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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

Title	Name	Address	Type of Action
MGR	GALIANO, MANUEL C	1925 BRICKELL AVE #407	☐ Add
		MIAMI, FL 33129	☒ Remove
			☐ Change
AMBR	CARRIZOSA GALIANO, MANUEL	1925 BRICKELL AVE #2010	☒ Add
		MIAMI, FL 33129	☐ Remove
			☐ Change
MGR	MORENO, CARLOS J	1925 BRICKELL AVE #407	☐ Add
		MIAMI, FL 33129	☒ Remove
			☐ Change
MGR	MORENO, CARLOS J	1925 BRICKELL AVE #2010	☒ Add
		MIAMI, FL 33129	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 21 PM 8:00

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

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18 AUG 21 PM 8:06
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TALLAHASSEE, FLORIDA

F. 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, 17, 2018

Signature of a member or authorized representative of a member

MANUEL CARRIZOSA GALIANO

Typed or printed name of signee

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Filing Fee: \$25.00

((H18000242588 3)))

850-617-6381

8/21/2018 11:41:59 AM PAGE 1/001 Fax Server



August 21, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MIAGATE LLC
1925 BRICKELL AVE #407
MIAMI, FL 33129US

SUBJECT: MIAGATE LLC
REF: L18000173336

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000242588
Letter Number: 718A00017261

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2018 AUG 21 PM 12:19

P.O. BOX 6327 - Tallahassee, Florida 32314