## 118000226005

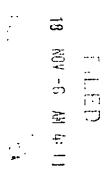
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u> </u>

Office Use Only



300319186153

10/05/18--01014--010 \*\*25.00



O SIMMONS NOV 0 6 2018



October 22, 2018

SURY NIEVES 11620 SW 87 AVE MIAMI, FL 33176

SUBJECT: 11209 NIEVES, LLC Ref. Number: L18000226005

We have received your document for 11209 NIEVES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 418A00021571

Octavia L Simmons Regulatory Specialist III

2018 HOY -5 PH 1: 48

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

(Name of the Limited Liability Comp	4 VES	records.)
· · · · · · · · · · · · · · · · · · ·	Liability Company)	<i>i</i>
The Articles of Organization for this Limited Liability Company	y were tiled on 💋 💆 🖊	29 [20] B and assigned
Florida document number <u>L 18 000</u> 2 2 6005		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>::::</b>
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered (	office address on our	recards anter the name of the new
registered agent and/or the new registered office address he		ecorus, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida Zıp Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 <u>Title</u> Name <u>Address</u> SURY NIENES MIAM, FL 33176 & Add ☐ Remove \_□ Change □ Remove ᇙ Change <u>⊡</u>•λ₫ :7] ☐ **Ke**move \_\_\_ 🗆 Change \_□ Add \_□ Remove Change \_\_\_ 🗆 Add \_□ Remove \_□ Change ☐ Remove

\_□ Change

			<del></del>			
			<u> </u>			
				·-		
			-			
			•			
	<u>-</u> -					
	•••				<u>.</u>	
	<del>.</del>		<del></del>			
		- <del></del>			•	NOV
						ۍ ` <u>۱</u>
<del></del>						量.
	<del></del>					
		-		<del> </del>		
<del></del>						
	,					
Tective date, if other the offective date is listed, the ote: If the date inserted is cument's effective date of the other date of the oth	date must be specific a n this block does no	and cannot be prior t meet the applic	able statutory fil	more than 90 days a	otional) fter filing.) I this date w	fursuant to 605.0
record specifies a d The 90th day after t			ot an effective	time, at 12:0	1 a.m. or	n the earlie
acd NOVEN	1 <u>BER: 2,</u>	2018		7		

Page 3 of 3

Filing Fee: \$25.00