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SECRETARY OF STATE
ALLAMASSEE ELOPINA

COVER LETTER

TO:

TO:	Registration Se Division of Co					
SUBJEC	MC ISLA	ND LLC				
SOBJEC	~1·	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Alvaro Castillo B., P.A.				
			Name of Person		-	
		Castillo & Associates			,	
	Firm/Company				18 SEC TALI	
	1390 Brickell Avenue, Suite 200				EARCH SCI	71
			Address		SSE SSE	
		Miami, Florida 33131			で Por B	EU
		alvaro@alvarocastillopa.co	City/State and Zip Code		PM 3: 38 JE STATE JE LORIDA	
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information c	concerning this matter, please c	all:			
Alvaro (Castillo		305 371-5540			
·	Name o	f Person		Telephone Number		
Enclosed	l is a check for t	he following amount:				
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	Registi Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000229038	Company were filed on September 27, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		.T ∧
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LLC" of	or the abtreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	SE 7
		ORIE 3
Enter new mailing address, if applicable:		38 IDA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		enter the name of the nev
registered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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

MC ISLAND LLC

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>	Address	Type of Action
MGR	Jaime Matute Cortina	1390 Brickell Avenue	DAN
		Suite 200	
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		Miami, Florida 33131	☐ Change
			🗖 Add
			Z Remove
		·	OCTANGE ANIASSE
			ORIDA Re M ove
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If an effective in the Mote:	Octol Ate, if other than the date of filing: date is listed, the date must be specific and cannot b date inserted in this block does not meet the effective date on the Department of State's re	to prior to date of filing or more that applicable statutory filing requi	n 90 days after filing.) Pursuant to 60	5.0207 (ted as t
ne record : The 90th	specifies a delayed effective date, be a day after the record is filed.	ut not an effective time,	at 12:01 a.m. on the earl	ier of:
Dated Octob	per 4 , 2018			
_	Signature of a member of	or authorized representative of a me	ember	
1	aime Matute Cortina	-		
_		or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00