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(Re	equestor's Name)	
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COVER LETTER

Division of Corporations		
SUBJECT: Micla 2	Timest me ints . LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and f	ee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
	Name of Person Firm/Company	Zamera PUC
8450 N	Address	
	Address	
Miami,	City/State and Zip Code + ry, 1/0 zerme.re. k, w com nail address: (to be used for future annual report notification)	4
	City/State and Zip Code	
alex 6	try lozemerak, w. com	18 J. C.
t:-r	nail address: (to be used for future annual report notification)	
For further information concerning this ma-	tter, please call:	л эце — гр
Allex Trujillo Name of Person	at (30T) 321-454 Area Code Daytime Telepho	3 o S
Enclosed is a check for the following amou \$25.00 Filing Fee \$30.00 Filin Certificate	nt: g Fee & □ \$55.00 Filing Fee & □	\$60.00 Filing Fce. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

. 1

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

MIRLA 2 INVESTMENTS, 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 Compan	y were filed on 10/03/2018	and assigned
Florida document numberL18000233825		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	9

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Af 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
AMBR	Mirla Fernanda Polania	15051 Royal Oaks Lane, #902	Add
		North Miami, FL 33181	
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an effective da ote: If the d	te, if other than the dat ate is listed, the date must be s date inserted in this block of ffective date on the Depart	pecific and cannot be prolong to the property and the pro	rior to date of filing or m dicable statutory filin	(optiona ore than 90 days after filing g requirements, this da	ng.) Pursuant to 605.0207
	pecifies a delayed eff day after the record		not an effective t	im e, at 12:01 a.m	n. on the earlier of
ated	October 29	2018			
		1)/			
	Sign	/ //	thosived representative	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00