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JAN 1 0 2019 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Miami Vice Name of Line	Pentals LL nted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filling.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Aman de	Name of Person			
	<u>Minni</u>	Vice Restals	110	18	
	3375 s	Address		CANA DEC	Υï
		Address		27 27 455i	
	mi Ami Vice E-mail address:	City/State and Zip Code  Pentals ( gmh) L  to be used for future armual report nonli	Com	PM 6: 23 E. FLORIDA	$\dot{\supset}$
For further information of	concerning this matter, please c				
Luis	Hernandez	at ( <u>305</u> ) <u>9</u> 29 Area Code Daytime	-4220		
Name o	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Certificate o Certified Co (additional cop	f Status & py	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Minmi Vice	Rentals LLC	
(Name of the Limited Liabilit (A Florida	Rentals LLC y Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co. Florida document number		06/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	tod Liability Company "the designation"	LLC" or the abbreviation "LLC"
•	teo matinity Company, the designation	Sign of
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		- <del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		Σ-'' ω
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.		ords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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

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
CEO	luis A. Heinandez	24760 SW 1231d AVE 1-10Mestead IL 33032	B Add
			☐ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
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te: If the dat	if other than the is listed, the date muse in inserted in this bl ective date on the D	lock does not m	ect the applica	ble statutory fili	ng requirements	s, this date will no	ant to 605,020 of he listed as
	ecifies a delayed ay after the rec		ate, but not	an effective	time, at 12:	01 a.m. on th	e earlier o
ed	12/20/18	<del>,</del>	V.	Jes .			
			<del></del>	/			
		Signature of a m	ember or stuffe	riz <del>ed t</del> epresentati	e of a member		

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Filing Fee: \$25.00