

L9CCCC 16521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

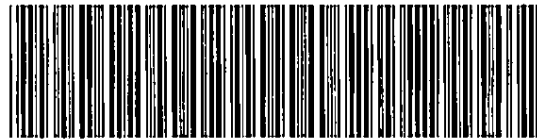
(Business Entity Name)

(Document Number)

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JULIA HANSEN, CLERK

2020 OCT -2 PM 4:28

FILED

NOV 09 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI ADDICTIONS, 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:

MARILYN RUEDA

Name of Person

MIAMI ADDICTIONS, LLC

Firm/Company

2099 WEST ATLANTIC BLVD SUITE 211

Address

POMPANO BEACH, FL- 33069

City/State and Zip Code

miamiaddictions@gmail.com

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

For further information concerning this matter, please call:

MARILYN RUEDA

305 332-1976

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

MIAMI ADDICTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT 12 PM 5:28
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/15/2019 and assigned
Florida document number L19000016821.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2099 WEST ATLANTIC BLVD SUITE 211

POMPANO BEACH FL- 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2099 WEST ATLANTIC BLVD SUITE 211

POMPANO BEACH FL- 33069

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:

N/A

New Registered Office Address:

2099 WEST ATLANTIC BLVD SUITE 211

Enter Florida street address

POMPANO BEACH

Florida 33069

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MOSHE KISHORE	2099 WEST ATLANTIC BLVD SUITE 211	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL- 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DESARAE GRIMES	2099 WEST ATLANTIC BLVD SUITE 211	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL- 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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.

Dated SEPTEMBER 30TH, 2020

Typed or printed name of signee