# L190000 27755

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S. YOUNG

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Miami Insider 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:
Benjamin Lukas Name of Person
The Miani Insider LLC Firm/Company
2900 NE 7th Ave. #1205
Migni, FL 33137  City/State and Zip Code  The Migni Toside Company Comp
The Miami Insider @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ben Lukas at (703) 999 - 4701  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy  Ce

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

The Migni Insider LL(
Name of the Limited Liability C ibility Company as it now appears on our records.)
orda Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 28, 2019 and assigned Florida document number L19000027755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address City

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

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

N/4

If Changing Registered Agent, Signature of New Registered Agent



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	Benjamin Lukas	2900 NE 7th Ave. #1205 Higmi, FL 33137	ĭ₹Add
		Higmi, FL 33137	□ Remove
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iv	e date, if other than the date of filing: March 2, 2019 (optional)
lec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
	March 2 . 2019
-	Signature of a member or authorized representative of a member
	Benjamin Lukas Typed or printed name of signee
	Deniania Lukas

Page 3 of 3

Filing Fee: \$25.00