

L190000 39645

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(Business Entity Name)

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2019 MAR 18 AM 9:11

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

G. GOLDEN

MAR 28 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MR DO IT ALL MIAMI 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:

Giffry Alcira  
Name of Person

MR DO IT ALL MIAMI LLC  
Firm/Company

1045 NW 116 TER  
Address

Miami, FL 33168  
City/State and Zip Code

mrdoitall242@gmail.com  
E-mail address: (to be used for future annual report notification)

Further information concerning this matter, please call:

Giffry Alcira at (786) 800-4500  
Name of Person Area Code Daytime Telephone Number

☒ is a check for the following amount:

☐ 5.00 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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MR DO IT ALL MIAMI LLC

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

FILED  
2019 MAR 18 AM 9:11  
CLERK OF CIRCUIT COURT  
JUDGE: JESSIE E. HAYES

The Articles of Organization for this Limited Liability Company were filed on February 8<sup>th</sup>, 2019 and assigned  
Florida document number L19000039645.

This amendment is submitted to amend the following:

1. 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 "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

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

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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  
understand 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

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>
<u>AR</u>	<u>F. VERAE MIT</u>	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AR</u>	<u>Evonne Mitchell</u>	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		<u>MGR</u>	<input checked="" type="checkbox"/> Change
<u>AR</u>	<u>Giffry Alcira</u>	<u>AR</u>	<input checked="" type="checkbox"/> Add
		<del>AR</del>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

... amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Evonne Mitchell is no longer the AR. She  
is the MGR.

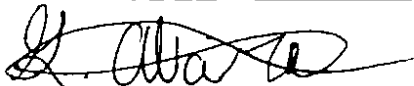
Griffy Alcira is the new AR, and  
add him.

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

an effective 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 (3)(b)  
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.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
the 90th day after the record is filed.

on 3/14, 2019.



Signature of a member or authorized representative of a member

Griffy Alcira

Typed or printed name of signee