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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	I ami Portal US	ALLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Luis Enrice	que Somingue z Name of Person	Chang
	Miami I	Portal USA LLO	2
	11460 50	V 144 Path	<del></del>
	Miami	FL 33186	
	miami por E-mail address: (	EL 33186  City/State and Zip Code  La lusa @ gmail = -c  to be used for futuralinual report notif	Levy ication)
For further information	concerning this matter, please ca	all:	
Leur & Der Name	mingues Chang	at ( <u>305</u> ) 725 at Area Code Daytime	8542 Telephone Number
Enclosed is a check for t	he 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

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Post	I USA LLC	<i>2</i>	
(Name of the Limited)	Liability Company as it no Florida Limited Liability Co	ow appears on our records.) ompany)	<del></del>
The Articles of Organization for this Limited Liab Florida document number <u>19000/067</u>	ility Company were file	ed on 04/18/2	019 and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of the	ne limited liability com		
The new name must be distinguishable and contain the word	ls "Limited Liability Compa	ny," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le: <u>//4</u> 4DDRESS) <u>//</u>	160 SW 144 Innii FZ 33	186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		19 114
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:			1.03/g
	Miami	Enter Florida street address , Florida	22 04

## 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 Type of Action Address Title Name AMBR Luis Enrique Dominguez 11460 SW 144 Path Miami FL BAND
Chang ☐ Remove \_\_\_ Change MGR Metzy S Vides 1/460 SW 144 Path Miami FL DATE ☐ Remove ☐ Change ☐ Change □ Remove Change ☐ Add □ Remove

	Remove

☐ Add

\_ □ Change

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
F. Effective date, if other than the date of filing: 04/18/2019 (optional)  (If 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 605.0.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(t as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated	
Signature of a member or authorized representative of a member	
Luis Enrique Dominguez Chang	

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Filing Fee: \$25.00