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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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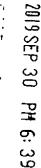


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P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW MIAMI CONCEPTS LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on c d Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number L19000110472	ny were filed on $\frac{04/23/26}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		201
		2019 SEP
Enter new mailing address, if applicable:		· 3 · * C
(Mailing address MAY BE A POST OFFICE BOX)		7 m TO
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the
Tegistered agent and/or the new registered office address in	cre,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	reet address
		_ , Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my a es provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is
<u>ır c</u>	hanging Registered Agent, §	ignature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u> Gabriel N. De avelar	Address 20225 NE 34TH COURT APT	Type of Action
VP	OADRIELN. DEAVELAR	2119, AVENTURA FL 33180	Add
			☐ Remove
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	date, if other than the date of filing:(optional)
	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument	I's effective date on the Department of State's records.
racar	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	Oth day after the record is filed.
ted	9/24/19
	Amata-L.
	Signature of a member of authorized representative of a member
	CIBELE A ARRECHEA

Filing Fee: \$25.00