L19000150333

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cosmos 2 may manner,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registratio Division of	n Section Corporations		
ISG M	IAMI LLC		•
	Name of L	imited Liability Company	
T			
	of Amendment and fee(s) are st		
Please return all corre	espondence concerning this matte	er to the following:	
	PATRICIO DE ARCOS		
		Name of Person	
	ISG MIAMI LLC		
		Firm/Company	
	9700 SW 104TH STREE	ET	
		Address	
	MIAMI. FL 33176		
	MAN(921101111111111111111111111111111111111	City/State and Zip Code	
	MANGGI1@YAHOO.C	OM (to be used for future annual report no	tification)
For further information	concerning this matter, please of		micanom)
PATRICIO DE ARCO		305 788-3609	
Name	of Person		ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISG MIAMI LLC

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 06/16/2019 Florida document number L19000150333	and assigned
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 "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)	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: Name of New Registered Agent:	the name of the new regi
New Registered Office Address: Enter Florida street address	is ·
, FI	orida
City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	2
I hereby accept the appointment as registered agent and agree to act in this capacity. I fure provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, being filed to merely reflect a change in the registered office address, I hereby confirm the company has been notified in writing of this change.	nd I am familiar with an F.S. Or, if this documen
If Changing Registered Agent, Signature of	of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TOMAS DE ARCOS	9700 SW 104TH STREET	
		MIAMI FL 33176	□Remove
			□Change
MGR	PATRICIO DE ARCOS	9700 SW 104TH STREET	□Add
		MIAMI FL 33176	
			□Change
			□Add
			□Remove
			☐ Change
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Iffective date, if other than the an effective date is listed, the date multiple of the date inserted in this blocument's effective date on the I	ist be specific and car lock does not meei	inot be prior to d the applicable	late of filing or	more than 00 do	we after filing) Pursuant to 605 will not be liste
record specifies a delayed effective	e date, but not an	offective time	, at 12:01 a.m	on the earlie	rof:(b) Th	e 90th day after
is filed.						
is med.		021				
JULY 14						
1 is incu.	Signature of a mem		d representativ	e of a member		