LZ0000318657

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COVER LETTER

TO:

Registration Section

Division of Cor	porations	·	•
MIAMI BUI	LDER LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FIDEL E ZAVALA		
		Name of Person	
	MIAMI BUILDER LLC		
		Firm/Company	
	3350 W 104 TH TER		
	<u></u>	Address	
	HIALEAH FL 33018		
		City/State and Zip Code	
	AZIRAY@GMAIL.COM		
		to be used for future annual report notif	fication)
For further information e	oncerning this matter, please c	all:	
FIDEL E ZAVALA		772 777-9172	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI BUILDER LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)	<u>,</u>
The Articles of Organization for this Limited Liability Company v Florida document number L20000318657	were filed on 10/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		2020
		2020 X DY 1.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Fla	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

11()11	1.1000	
AMBR =	 Authorized 	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AZIRAY BUSTAMANTE MATA	3350 W 104TH TER HIALEAH FL 33018	
			Remove
			□ Change
			🗆 Add
			Remove 2020 2020 Change
			∷ □Remove
			□ Add
			Remove
			□Change
			□ Add
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			□Change
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ffortive data if other than the	data of filing	••			(optional	<b>)</b>
Effective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloomeument's effective date on the De	ck does not n	neet the applic	able statutory	or more than 90 filing requiren	days after filin	g.) Pursuant to 605.02
record specifies a delayed effective is filed.	date, but not	an offective t	ime, at 12:01 a	a.m. on the earl	ier of: (b) T	he 90th day after th
OCTOBER 28		2020	,			
			<u></u>			
	17	61				
	Signature of a r	neproer or auth	=> orized represen	tative of a memb	er	<del></del>