120000319846

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(exemises zinti, reame)
(Document Number)
Certified Copies Certificates of Status
Constitution to Filling Officer
Special Instructions to Filing Officer:
<u>'</u>





200357058112

01/14/21--01016--022 **25.00

2021 JAH 14 PM 4:51

YA. 2/18/21

COVER LETTER

TO: Registration Se Division of Cor				
	men's Center L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lisandra Calzadilla			
		Name of Person		
	Miami Women's Center L.	L.C.		
		Firm/Company		
	61 Collins Ave, Apt. 301			
	_	Address		
	Miami Beach, FL, 33139			
		City/State and Zip Code		
	tiffany@accountingtoscale.	com to be used for future annual report not		
For further information of	enterning this matter, please c	•	incation)	
Lisandra Calzadilla		786 351-3154		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)
021 and assigned
<u>e</u> :
ignation "L.L.C" or the abbreviation "L.L.C."
事 于 机
H. E
2, 5
ords, enter the name of the new register
a street address
te sir cer titur ess
, Florida Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lisandra Calzadilla		
			□ Remove
			\ 🗏 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗖 Add
			Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
Note: 1	e date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1.
Dated _	Janvary 7 , 2021
	Signature of a member or authorized representative of a member
	Lisandra Calzadilla Typed or printed name of signee

Filing Fee: \$25.00