

170000320104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

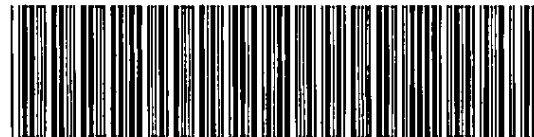
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000354793850

11/10/20--01010--008 **25.00

FILED
CLERK OF STATE
20 DEC 22 4 19:00

Amund

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIRAMAR SHOPS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSEMARIE BACALLAO, ESQ.

Name of Person

FROMBERG, PERLOW & KORNIK, PA

Firm/Company

20295 NE 29TH Place, Suite 200

Address

Aventura, FL 33180

City/State and Zip Code

rbacallao@fpk-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemarie Bacallao

305 933-2000
at ()

Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF CORPORATIONS
JUN 16 2003



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2020

ROSEMARIE BACALLAO
20295 NE 29TH PL #200
AVENTURA, FL 33180

SUBJECT: MIRAMAR SHOPS, LLC
Ref. Number: L20000320104

We have received your document for MIRAMAR SHOPS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please specify if our office is adding, removing or changing the information provided for Alberto Kamhazi. If our office is not adding, removing or changing the information provided, please remove it from the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 320A00025411

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIRAMAR SHOPS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2020 and assigned
Florida document number L20000320104.

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 "LLC."

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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
City 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>	<u>Address</u>	<u>Type of Action</u>
M	ALBERTO KAMHAZI	15801 BISCAYNE BOULEVARD, SUITE 203	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	JACOBO KAMHAZI	15801 BISCAYNE BOULEVARD, SUITE 203	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
M	JAK MANAGER LLC	15801 BISCAYNE BOULEVARD, SUITE 203	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 5 2020

Signature of a member or authorized representative of a member

ALBERTO KAMHAZI

Typed or printed name of signee

Filing Fee: \$25.00