

L210000 68029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

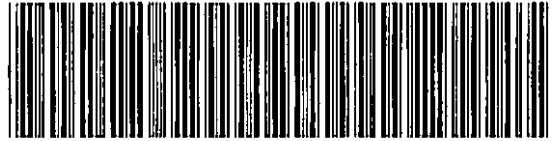
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400378825584

1/14/2022 01:03:03 PM

FILED

2022 JAN 14 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT

JAN 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amavi Miami 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:

Stephanie Denoyer
Name of Person

Amavi Miami LLC
Firm/Company

10480 SW 200 Street
Address

Cutlerbay FL 33157
City/State and Zip Code

Amavimiami@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2022 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Stephanie Denoyer at 786 288-6196
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

~~MMX~~ ☐ \$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

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

Amay Miami 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 _____ and assigned
Florida document number L210000168029

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)

FILED
2022 JAN 14 PM 2:08
CLERK OF STATE
TALLAHASSEE FL

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>
MGR	Angelica Marin	10480sw 200street	<input type="checkbox"/> Add
		Cutlerbay FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Denoyer	10480 sw 200st	<input checked="" type="checkbox"/> Add
		Cutler bay FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Angelica Marin	10480sw 200st	<input checked="" type="checkbox"/> Add
		Cutler bay FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Maria Bachiller Perez	10480sw 200st	<input checked="" type="checkbox"/> Add
		Cutler bay FL 33157	<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

FILED
2022 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

Ambr ✓

2022 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

(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)

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 June 25th, 2021

Signature of a member or authorized representative of a member

Angelica M. Marin
Typed or printed name of signee

Filing Fee: \$25.00