## L21000157231

(Requestor's Name)
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(City/State/Zip/Phone #)
PCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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## Sunshine State Corporate Compliance Company

\* 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy  Certified Copy  Certificate of Status	
DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXX Plain Copy  Certified Copy	5 to 180
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Certificate of Status	
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing	n ay in them
**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$25.00 ACCOUNT #: 120160000072	
Please call Tina at the above number for any issues or concerns. Thank you so much!	

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations			
Miami Pen	mits LLC			
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Crystal A Gomez			
		Name of Person		
	Miami Permits LLC			
		Firm/Company		
	6165 W 10 AVE			
		Address		
	Hialeah FL 33012	Address		
		City/State and Zip Code		
	crystalalexisg@gmail.com			
	E-mail address: (	to be used for future annual report not	ification)	
	oncerning this matter, please c			
Crystal A Gomez		786 512-1944		
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
	· ·	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
= 323.00 + mmg + cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S		Registration Section		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•	
	•	- 110 0011110 01 1		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miami Permits LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compani- Florida document number	y were filed on	021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designat	tion "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:		5 H 0: 20
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our record	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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 und 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> MGR	<u>Name</u> Crystal A Gomez	Address 6165 W 10 Ave Hialeah FL 33012	Type of Action
			□Add
			□Remove
		Change Title from Current MGR to AMBR ,	j se te som engligg get <u> </u>
AP	Elliot Duran	6165 W 10 Ave Hialeah FL 33012	
			□Add
			Remove
			[] Change
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is filed.		2021				
record specifies a delayed effecti	ve date, but not	t an effective ti	me, at 12:01 a.r	n, on the earlier	of: (b) The 90t	h day after the
ote: If the date inserted in this becoment's effective date on the I	Department of S	meet the applications. State's records.	able statutory fi	ling requiremen	s, this date will	not be listed as
Tective date, if other than the an effective date is listed, the date must be a second of the date must be a second of the date of the dat	ist be specific and	d cannot be prior	to date of filing o	r more than 90 day	( <b>optional)</b> s after filing.) Purs	uant to 605.0207
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Filing Fee: \$25.00