

L21000200163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

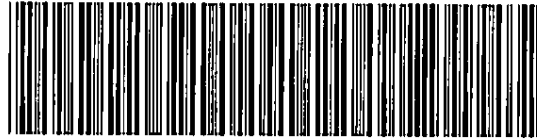
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Tallahassee, FL

2021 NOV 15 AM 8:56

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Office of  
Tallahassee, FL

2021 NOV 15 PM 4:36

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 25.00**

**AUTHORIZED SIGNATURE:** James E. Fullmer

Nubes Miami LLC L21000200163

Business Name

Document Number, (if KNOWN)

     **Certified copy of Articles of Incorporation**

     **Certificate of Status**

     Pick up time         

     Will wait

**NEW FILINGS**

     **Profit**  
     **Not for Profit**  
     **Limited Liability**

     **Domestication**  
     **Other**  
     **CORP**

**OTHER FILINGS**

     **Annual Report**  
     **Fictitious Name**  
     **APOSTIL ()**               
                    **Country**

**AMMENDMENTS**

  X   **Amendment**  
     **Resignation of R.A.**  
      **Officer/Director**  
     **Change of Registered Agent**  
     **Dissolution/Withdrawal**  
     **Merger**  
     **Correction**

**REGISTRATION/QUALIFICATIONS**

     **Foreign filing**  
     **Limited Partnership**  
     **Reinstatement**  
     **Other**

**EXAMINER'S INITIALS:**

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**Nubes Miami LLC L21000200163**

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\_\_\_ **Other**

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NUBES 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:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130A

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

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

For further information concerning this matter, please call:

MARTIN E DELLOCA

305 607-3493  
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

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

NUBES 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 06/05/2021 and assigned Florida document number L21000200163.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

848 BRICKELL AVE

STE 1130A

MIAMI, FL, 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

848 BRICKELL AVE

STE 1130A

MIAMI, FL, 33131

**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:

848 BRICKELL AVE STE AA30 A

Enter Florida street address

MIAMI

City

Florida 33131

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.*

*meDell'oca*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

2021 NOV 15 AM 8:56  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

SECRET  
2021 NOV 15 AM 8:50  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-15-2021 BY 60322  
UCBAW

(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.

Dated NOVEMBER 15 2021

medull'oca

MARTIN E DELLOCA

Typed or printed name of signee