## 121000200163

(Requestor's Name)
(Address)
(Address)
(1631655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TALLAHAUSEEFFORIDA

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

EXAMINER'S INITIALS:

PLEASE USE FUNDS FROM ACCT: 12021000	<del></del>
AUTHORIZED SIGNATURE:	25 P. Gullman
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	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A.
Limited Liability	Officer/Director
	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
Country	omer
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ELORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

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

AUTHORIZED SIGNATURE:	00160 AMOUNT: \$ 25.00
Nubes Miami LLC L21000200163 Business Name	Document Number, (if KNOWN)
Certified copy of Articles of IncorporationCertificate of Status	Pick up time Will wait
NEW FILINGS	<u>AMMENDMENTS</u>
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CORP	Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL () Country	Other

## **COVER LETTER**

TO: Registration Se Division of Cor			
NUBES M			
SUBJECT:	Name of Lim	nited 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:	
	MARTIN E DELLOCA		
	<del></del>	Name of Person	
	MDELL CONSULTING	CORP	
		Firm/Company	
	848 BRICKELL AVE ST	E 1130A	
		Address	
	MIAMI, FL, 33131		
		City/State and Zip Code	<del> </del>
	MDELLOCA@MDELLCC		P
For further information c	e-man address: (	to be used for future annual report notifiall:	neation)
MARTIN E DELLOCA	,	305 607-3493	
Name o	n' Person	at () Area Code Daytimo	e 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 S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
Tallahassee, 1			2 Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Compa Florida Limited	iny as it now appears on our i Liability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number L21000200163	ility Company	were filed on 06/05/2021		_ and assigr	ned
This amendment is submitted to amend the following	ing:				
A. If amending name, <u>enter the new name of th</u>	ne limited liab	ility company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation	"LLC" or the abbre	viation "L.L.C	· "
Enter new principal offices address, if applicable	le:	848 BRICKELL AVE			
Principal office address MUST BE A STREET	ADDRESS)	STE 1130A	ر	20	
		MIAMI, FL, 33131	图象	M 17	71,
			27 T	<u> </u>	.; ,
Enter new mailing address, if applicable:		848 BRICKELL AVE	**************************************	5	
Mailing address MAY BE A POST OFFICE BO	<b>) V</b> )	STE 1130A	173	227	·
Maning address MAT BLATOST OTTICE BO	<u>/A/</u>	MIAMI, FL, 33131		င်ာ ခ	v
			<u> </u>	<del>් දූත</del>	
B. If amending the registered agent and/or registered affice address had been address of the new registered office address of New Registered Agent:		address on our records, g	enter the name o	f the new r	egist
New Registered Office Address:	848 BRICKEL	L AVE STE AA30 A			
new registered Office Address.		Enter Florida street	address		
1	MIAMI		_, Florida <sup>33131</sup>		
		City	, 1 1//1104	Zip Code	-

## New Registered Agent's Signature, if changing Registered Agent:

NUBES MIAMI LLC

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 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
MGR	MARTIN E DELLOCA	777 BRICKELL AVE STE 500-49	
		MIAMI, FL, 33131	■Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
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			□Change

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