## Lalver 303166

(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



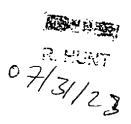
400412849404

08/01/28--01001--002 \*\*100.00



2023 JUL 31 PH 3: 11

RECEIVED



## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
GDC MIA	MI 2 LLC		
SUBJECT:		ited Liability Company	
	Name of Lim	med 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:	
· rocco rocam un oznospo	madice concerning this matter	to the following.	
		Name of Person	<u></u>
CARLOS GARCIA PA  Firm/Company  500 SOUTH DIXIE HWY SUITE 202			
	CARLOS GARCIA PA		
		Firm/Company	**1
	500 SOUTH DIXIE HWY	SUITE 202	- · · · · · · · · · · · · · · · · · · ·
•		Address	
			<u> </u>
	CORAL GABLES, FL 33	146	( ) T
		City/State and Zip Code	fication)
	CARLOS@CGPALAW.CO		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
CARLOS GARCIA		305 7792479- EX	KT 1
Name o	f Person	at ()	e Telephone Number
.,	• • • • • • • • • • • • • • • • • • • •	,	
·			
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	-	The Centre of T	-
Tollahasaan			a Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linkillion Co	ompany as it now engage on our record	• \
(A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Comp.	pany were filed on 06/30/2021	and assigned
This amendment is submitted to amend the following:		3 1
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 ADDRES)	<u>s</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8TH STREET PROPERTY MA	ANAGEMENT, LLC
	MIAMI, FLORIDA 33135	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, <u>enter</u>	the name of the new regist
New Registered Office Address:	Enter Florida street addres	
•	Enter Florida sireel dances	

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>	Name	Address	Type of Action
			🗆 Add
	<i>N</i>		Remove
			Change
			□Add
			□Remove
			<b>一 巨C</b> hange
			□Ādd ;;;;;;
			☐Remove
			Denange
			□Add
			□Remove
	<u>,'</u>		□Change
	/		□Add
			□Remove
			Change
			□Add
	/		Remove
			Change

		···			
			/		
				·	
	<u>,</u>				
			/		
		/_	<u></u>	<u> </u>	
					المسا
	X			<u>. 22 29 </u>	i,
				C PE	1
<del></del>				PH 3: 14	f.
<del></del>	<del>/</del>			7 7	
		·.		1.1	
<del>/</del>			<u> </u>		
Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be padoes not meet the app	rior to date of filing or oblicable statutory fili	(option of the contract of the	filing.) Pursuant to 605.0	)207 ( d us t
e record specifies a delayed effective dans dis filed.	ite, but not an effectiv	re time, at 12:01 a.m	. on the earlier of: (b	The 90th day after t	the
Dated JULY 24	2023				
	۰	 			
Sig					

Filing Fee: \$25.00