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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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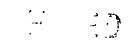
TO:

Registration Section

Divis	sion of Cor	porations					
	MIAMI SE	ASON 2 LLC					
SUBJECT: _		Name of Lin	nited Liability Company				
The enclosed	Articles of a	Amendment and fec(s) are sub	omitted for filing.				
Please return a	all correspo	ndence concerning this matter	to the following:				
		STEVE S GABISON					
			Name of Person				
		MIAMI SEASON 2 LLC					
			Firm/Company				
		540 BRICKELL KEY DR	IVE, APT 1413				
			Address				
		MIAMI, FL 33131					
		-	City/State and Zip Code				
		INFO@IMTAXADVISOR					
			to be used for future annual report n	otification)			
For further inf	ormation co	oncerning this matter, please c	all:				
ITCHEL H MANSOURI		305 631-6666 at ()					
	Name of	Person	Area Code Dayt	ime Telephone Number			
Enclosed is a c	check for th	e following amount:					
■ \$25.00 Fil	ling 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)			
Regi	ng Address stration S	ection	Street Address: Registration S	Section			
		orporations 7	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MIAMI SEASON 2 LLC

2022 APR 29 AM II: 32

(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on MARCH 7, 2022	
Florida document number L22000116366		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Zip Code
	Cuy	z.ip 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>	Address	Type of Action
MBR	CAROLINA PENA	540 BRICKELL KEY DRIVE, APT 1413	= Add
		MIAMI, FL 33131	□Remove
		 	
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
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ffective date, if other than th	e date of illin	g:			(optional	0	
fective date, if other than the an effective date is listed, the date me Note: If the date inserted in this learnment's effective date on the	lock does not a	meet the appli-	r to date of num cable statutor	g or more than 90 y filing require:	days after tum nents, this dat	g.) Pursuant to 605.0 e will not be listed)207 d as
locument's effective date on the	epartment of S	State's records	5.				
record specifies a delayed effect:	ve date, but not	t an effective r	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after	the
d is filed.							
APRIL 7		2022					
		,	·				
Pated							
Dated	Stra	0					
Dated	Signature of a	member or auth	prized represer	nutive of a mem	жа		

Filing Fee: \$25.00