APPROVED AMO

DOCUMENT # L9900002589 1. Entity Name MIRAMAR II FLEXXSPACE LLC								FILED 00 APR 21 AM 8: 22.							
1400 NORTHWEST 107TH AVENUE 140				iling Address O NORTHWEST 107TH AVENUE AMI FL 33172-2746				SECRETARY OF STATE TALL AHASSEE, FLORIDA							
2. Principal P	lace of Busin	ness	ailing Address												
Suite, Apt. #, etc.				uite, Apt. #, etc.			$ \omega $	DO NOT WRITE IN THIS SPACE							
City & State Ci				ty & State			4.	4. FEI Number Applied For Not Applicable							
Zip		Country	Zi	p	Cour	ntry	5.	5. Certificate of Si			ed [55.00 Add ee Require		
6. Name and Address of Current Registered Agent							7.	Name a	nd Addr	ess of N	ew Regis	tered A	gent		
						Name									
LEVY, JOE		IOTTU AVENUE		Street Addres			Box Nur	nber is N	ot Accep	table)					
1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704															
MINAMI I E	00112-210-	•				City			_				Zip Cod	e	
									_			FL			
8. The above	named entit	y submits this stater	ment for the pu	rpose of changing its	s register	ed office or	registered ag	gent, or	both, in th	ne State	of Florida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registere							ure required when r	reinstating)				DATE			-
		•	•	,	<u> </u>				_					•	
A				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of				ate							
9.		MANAGING	MEMBERS/MI	EMBERS	10.					ADDITIO	DNS/CHA	NGES			
TITLE	MGRM		☐ Deleta	TITL								Change	☐ Ac	ldition	
NAME STREET ADDRESS		R SPV, LTD. RTHWEST 107TH		NAN STR	IE EET ADDRE88									_	
CITY-ST-ZIP		33172-2704	CIT		r-81-ДР	14		400	_ OF	200 A 200	o o	784	017	3	
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CITY-ST-ZIP					CITY	r-8T-ZIP									
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NAME BTREET ADDRESS					NAN Stri	LE Eet address									

2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY- 8T- ZIP

CITY-8T-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

MAME

SIGNATURE:

CITY-8T-ZIP

STREET ADDRESS

STREET AUDRESS

CITY-ST-ZIP

TITLE NAME

TITLE NAME - 7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER LINGS K. Adler Assistant Secretary of Adle

☐ Celeta

☐ Delete

Change

Change

Addition

Addition