

112000006572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

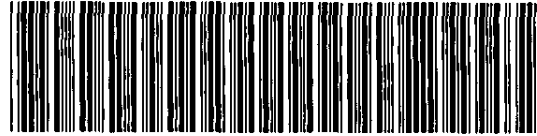
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EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 12/3/12**

**NAME: CA MIAMI 7788 OMT LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: CA MIAMI 7788 OMT LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: November 27, 2012

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the  
change effected under the laws of its jurisdiction of organization? \_\_\_\_\_

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C."  
or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the  
correction: Address of registered agent was listed incorrectly and should read as follows:

155 Office Plaza Drive, Tallahassee, FL 32301

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned  
amendment(s), duly authenticated by the official having custody of records in the jurisdiction under  
the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Edward D. Schmitt

Typed or printed name of signee

**Filing Fee: \$25.00**

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