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PEC 1 0 2013

T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

MIMO HOSPITALITY SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey J. Pardo, Esq.

Name of Person

Pardo Gainsburg, PL

Firm/Company

200 SE 1st Street, Suite 700

Address

Miami, Florida 33131

City/State and Zip Code

jpardo@pardogainsburg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Pardo, Esq.

at (305) 358-1001 Ext. 301

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIMO HOSPITALITY SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/2/13	and assigned
Florida document number L13000166753		7 S
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	FILED 2013 DEC -9 PM 2 SECRETARY BEST
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designat	tion "ELC" or the abbreviation
Enter new principal offices address, if applicable:	900 Biscayne Blvd., #170	06
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33132	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 Biscayne Blvd., #170 Miami, Florida 33132	06
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	
	City	Zip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Migdalia Lagoa	900 Biscayne Blvd., #170	6 🗸 Add
		Miami, Florida 33132	Remove
MGR	Migdalia Lagoa	800 Biscayne Blvd., Suite 10	00
		Miami, Florida 33132	Remove
			Add
			Remove
		SECRETARY OF STATE ORION	7013 DEC -9 PH 2: 46
		Cri	Add Remove
			-
			Add
			Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_{ted} De	ecember 4 20/13
	Signature of a member or authorized representative of a member
	Jeffrey J. Pardo, Esq.
	Typed or printed name of signee

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Filing Fee: \$25.00

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