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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>:</del> #)
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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

MYAMIE	L.LLC		
SUBJECT:	Name of Lim	ited Liability Company	
at .		<b>.</b> :	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	AMIEL GABRIEL		
		Name of Person	
	MYAMIEL LLC		
		Firm/Company	
	20900 NE 30TH AVE, SU	ITE 914	
		Address	
	AVENTURA, FLORIDA	33180	
	GA@AMIELGROUP.COM	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
GABRIELAMIEL		305 785 8306	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
Regist	JNG ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corporation	on

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O	<b>,</b>				
MYAMIELLLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on JULY 12, 2018	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	20900 NE 30TH AVE				
(Principal office address MUST BE A STREET ADDRESS)	SUITE 914	86. VISI			

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

SUITE 914	, <b>91</b>
AVENTURA, FL 33180	CL SECTION
	F CC 7
20900 NE 30TH AVE	A DROP
SUITE 914	- A
AVENTURA, FL 33180	<b>2</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	INVEST CAPIT	AL GROUP LLC				
New Registered Office Address:	20900 NE 30TH AVE					
	Enter Flo	orida street address				
	AVENTURA	, Florida 33180				
	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 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

Page 1 of 3

'If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>HGR</u>	AHIEL, MARTINE	20900 NE 30 Kl Avenue	<b>X</b> Add
		Suite: 914	Remove
		Aventura, FL 33180.	□ Change
MGR	AMIEL, MARTINE	2875 NE 191 St	🗆 Add
		Suite: 500	Remove
		Aventura, FL 33180	Change
MGR	AHIEL, GABRIEL	20900 NE 30th Avenue	<b>jX</b> Add
		Suite: 914	Remove
		Aventura, FL 33180.	Change
MGR	AMIEL GABRIEL	2875 NE 131 5/2	□ Add
		Suite: 500.	Remove
		Aventura, FL 33180.	Change
			□ Add
			□ Remove
			Change
			_□ Remove
			_□ Change

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