13000101677

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COVER LETTER

TO: Registration Section
Division of Corporations

Miralda Enterprise 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:

Mallory Miralda

Name of Person

Miralda Enterprise LLC

Firm/Company

341 Avenida de Mayo, Unit B

Address

Siesta Key, FL 34242

City/State and Zip Code

malpeckels@gmail.com

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

For further information concerning this matter, please call:

Mallory Miralda

__7156141333

Name of Person

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

Miralda Enterprise LLC			
(Name of the Limited (A	Liability Compan Florida Limited L	ny as it now appears on our records.) iability Company)	8
The Articles of Organization for this Limited Li Florida document number L13000101677	ability Company	were filed on 07/18/2013	and assigned 22.
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
Volunteer Trip LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applications	able:	n/a	- <u>-</u>
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	n/a	
B. If amending the registered agent and/or the new registered of			r the name of the new
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street a	uddress
		, Florida	
		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			<u> </u>
			AH AN Remove
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			Remove
		-	
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			Remove
			
			Add
			Remove

If amending any other information, e	enter change(s) here: (Attach additional sheets, if nece	essary.)
1770		
October 7	2013	······································
Mallory Miralda		
_	of a member or authorized representative of a member	
Mallory Miralda		
	Typed or printed name of signee	
	Page 3 of 3	<u> </u>

Filing Fee: \$25.00

SECRETARY OF STATE
SECRETARY OF STATE