

L140000066016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

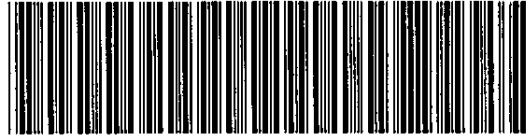
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400268549564

01/26/15--01034--021 **60.00

FILED
15 JAN 26 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIKA TRACK LLC

Name of Limited Liability Company

FILED
15 JAN 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Maria de Fatima de Assuncao

Name of Person

Mika Track LLC / A & A STRATEGY ALLIANCE INC.

Firm/Company

13574 Village Park Dr, ste 135

Address

Orlando, FL 32837

City/State and Zip Code

sustaxes@gmail.com

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

For further information concerning this matter, please call:

Maria De Fatima de Assuncao at **407** **6367704**

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**

MIKA TRACK 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 04/23/2014 and assigned
Florida document number L14000066016

FILED
15 JAN 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

13574 Village Park Dr, ste 135

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32837

Enter new mailing address, if applicable:

13574 Village Park Dr, ste 135

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32837

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:

Maria De Fatima De Assuncao

New Registered Office Address:

13574 Village Park Dr, ste 135

Enter Florida street address

Orlando

City

, Florida 32837

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.

Maria De Fatima De Assuncao
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

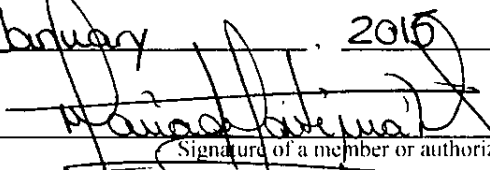
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Chavez, Jorge</u>	<u>19380 COLLINS AVENUE #126-B</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>Sunny Isles, FI 33160</u>	
<u>P</u>	<u>GARROZ, NINOSKA C</u>	<u>19380 COLLINS AVENUE #126-B</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>Sunny Isles, FI 33160</u>	
<u>VP</u>	<u>BLANCO, BETZI</u>	<u>19380 COLLINS AVENUE #126-B</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>Sunny Isles, FI 33160</u>	
<u>AMBR</u>	<u>A&A Strategy Alliance Inc</u>	<u>13574 Village Park Dr</u>	<input checked="" type="checkbox"/> Add
		<u>suite 135</u>	<input type="checkbox"/> Remove
		<u>Orlando, FI 32837</u>	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

FILED
 15
 11/26 PM 4:06
 GEORGE W. HARRIS
 11111
 11111

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 20 January, 2015



Signature of a member or authorized representative of a member
Maria De Fatima De Assuncao

Typed or printed name of signee

FILED
15 JAN 25 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA