L190000 33530

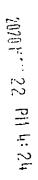
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON)/Outo/Elp// Hono //
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliose Ellaly Hellis)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1

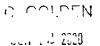
Office Use Only



100344938321

0\$/22/20+-01010+-014 **25.00





COVER LETTER

SUBJECT: 20	Xana Mir Name of Limi	PLLC ted Liability Company	
	vmendment and feets) are subradence concerning this matter t	_	
	Roxana	Mir - Lan dria Name of Person	<u>~</u>
	Koxuna	Mir PLLC Finn/Company	
	1120 W 32	1th St. Unit	102
		F.C. 33017 City/State and Zip Code	
	Po xana mi	o be used for huntreaphual report notific	(Ov
For further information co	ncerning this matter, please ca	И:	
Roxana (Mir-Landriau Person	at $(\frac{786}{\text{Area Code}})$ $\frac{359}{\text{Daytime T}}$	7 18 4 elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	S30,00 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:

TO:

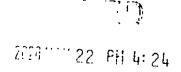
Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clition Building 2601 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Roxana Mi	r PLLC	
Roxana Minimum (Name of the Limited Liability (A Florid	ity Company as it now appears on of a Limited Fiability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on 21	1/2019 and assigned
Florida document number <u>419000335</u>	<u>3</u> 0	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Based Property The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
	_	
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	
	Enter Plovida Sii	
	City	, Florida 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

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 = -N $AMBR = A$	Tanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change

							<u>-</u> -	
				-				
·								
				· · · · · · · · · · · · · · · · · · ·				
		_						
							-	
								
			_					
								— -
				-			_	
			_	· · · · ·				_
If an effective o <u>Note:</u> If the	date is listed, the c date inserted in		ic and cannot not meet the	be prior to date applicable st	of tiling or more t	han 90 days after	onal) filing.) Pursuant to s date will not be	
		elayed effecti ne record is fil		out not an e	effective time	e, at 12:01 a	a.m. on the e	arlier of:
Dated <u>5</u>	/17	Mult	2	020.				
		mar	Zu					
		Signature	of a member	er authorized r	epresentalise of a	member		_

Page 3 of 3

Filing Fee: \$25.00