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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: MILA INT	ERNATIONAL BUSINESS LLC	ed Liability Company	_	
	Name of Limite	ed Clability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Anthony Morales			
Name of Person				
	MyUSACorporation.com			
		Firm/Company		
	1 Radisson Plaza, Suite 800			
		Address		
New Rochelle, New York 10801			SEC.	2021 AUG -4
	info@myusacorporation.com	City/State and Zip Code	7 F	- 9N
	•	be used for future annual report notification)	۰ د ۱ ۱	F
For further information c	oncerning this matter, please call		71.	AH 10: 2
Anthony Morales		at (877) 330-2677		
Name o	f Person	Area Code Daytime Telephone Numb	per	
Enclosed is a check for the	ne following amount:			
(additional copy is enclosed) Certific			Filing Fee, cate of Statu ed Copy nal copy is enc	
Mailing Address Registration S	Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILA INTERNATIONAL BUSIN	ESS LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.20000320240		ly were filed on 10/1	6/2020 and assigned	
This amendment is submitted to amend the foll	owing;			
A. If amending name, enter the new name o	f the limited lia	bility company her	<u>c</u> :	
The new name must be distinguishable and contain the v	vords "Limited Lial	bility Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	400 SUNNY ISLES	BLVD., UNIT 708, MIAMI, FL 32160	
(Principal office address MUST BE A STREE	ET ADDRESS)	 	20:	
Enter new mailing address, if applicable:		400 SUNNY ISLES	BI.V.D., UNIT 708, MIAMI; FL 32166	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our rec	n: —	
Name of New Registered Agent:	ENRIQUE L COLINA			
New Registered Office Address:	15390 SW 20 STREET			
		Enter Florida street address		
	MIAMI		, Florida	
		City	Zip Civle	

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, enter the title, name, and address of each person being added or removed from our records:

$MGR = \Lambda$ $AMBR = \Lambda$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
•			□Change
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Effective date, if other than the date of filing If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not m document's effective date on the Department of St	eet ine applicable :	e of filing or more than t statutory filing require	(optional) O days after filing.) ements, this date v	Pursuant to 60 vill not be lis)5,020° sted as
e record specifies a delayed effective date, but not and is filed.	in effective time, s	at 12:01 a.m. on the ea	orlier of: (b) The	90th day aft	er the
Dated July 15th ,	2021	<u>).</u>			
Signature of a m	ember or authorized	representative of a mer	nher		