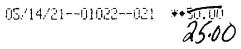
K21000163742

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

	Registration Se Division of Cor				
	MAHALO	SISTERS LLC			
SUBJEC	CT:	Name of Lim	ited Liability Company		
The encl	aced Articles of	Amendment and fee(s) are sub	nsitted for filing.		
		ondence concerning this matter	_		
		NATALIA ARIAS			
			Name of Person		
		MAHALO SISTERS LLC			
			Firm/Company	<u> </u>	
	9594 NW 41 STREET SUITE 103				
			Address		
		DORAL, FL 33178			
		<u> </u>	City/State and Zip Code		
		NATALIAMOBILE@GM.			
			to be used for future annual report no	otification)	
		oncerning this matter, please c			
NATAL	JA ARIAS		786 306-5395 at ()		
	Name o	of Person	Area Code Dayt	ime Telephone Number	
Enclosed	I is a check for t	he following amount:			
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration 5		<u>Street Address:</u> Registration S		
	Division of C	Corporations	Division of C	orporations	
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHALO SISTERS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	y were filed on <u>04/08/202</u>	and assigned
Florida document number L21000163742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
the new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NATALIA ARIAS	9594 NW 41 STREET SUITE 103	= Add
		DORAL, FI. 33178	□Remove
			□Change
			☐Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			DAdd
			□Remove
			□Change

amending any other inform				
				
				
			<u> </u>	
	<u> </u>			
				
			<u> </u>	
			<u></u>	
ffective date, if other than the an effective date is listed, the date in fote: If the date inscreed in this occument's effective date on the	iust be specific and cannot be block does not meet the ap	prior to date of tiling of mo oplicable statutory filing	ore than 90 days after filing, i	Pursuant to 605,0207 will not be listed as
record specifies a delayed effect Lis filed.	ive date, but not an effecti	ve time, at 12:01 a.m. o	on the earlier of: (b) The	90th day after the
MAY 6	2021			· .
ated		·		
				-5. i
			A	
	Signature of a member or	authorized representative	of a member	

Filing Fee: \$25.00