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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : MS ACCOUNTING & TAXES CORP
 Account Number : I20200000030
 Phone : (786)346-8844
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MICHOACANA VIP LLC**

Certificate of Status	0
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Page Count	04
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2023 JUL 13 PM 3:04

110

T. LEMIEUX

JUL 14 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MICHOACANA VIP 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 04/20/2023 and assigned
Florida document number L23000196408

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2402 North Dixie Highway Suite #8

(Principal office address MUST BE A STREET ADDRESS)

Lake Worth, Fl 33460

Enter new mailing address, if applicable:

2402 North Dixie Highway Suite #8

(Mailing address MAY BE A POST OFFICE BOX)

Lake Worth, Fl 33460

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:

New Registered Office Address:

Enter Florida street 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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lujan-Saenz, Sylvia E	25 WILLIAMSBURG DR	<input type="checkbox"/> Add
		EL PASO, TX 79912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lujan-Saenz, Sylvia E	2402 North Dixie Highway Suite #8	<input checked="" type="checkbox"/> Add
		Lake Worth, Fl 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barreto Oseguera, Nora P	25 WILLIAMSBURG DR	<input type="checkbox"/> Add
		EL PASO, TX 79912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barreto Oseguera, Nora P	2402 North Dixie Highway Suite #8	<input checked="" type="checkbox"/> Add
		Lake Worth, Fl 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barreto Oseguera, Rafael A	25 WILLIAMSBURG DR	<input type="checkbox"/> Add
		EL PASO, TX 79912	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barreto Oseguera, Rafael A	2402 North Dixie Highway Suite #8	<input checked="" type="checkbox"/> Add
		Lake Worth, Fl 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

