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Office Use Only



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ALLAHASSEE FLOOR

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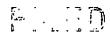
of 16/10/2022

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Michalie LLC	
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	FOR OFFICE USE ONLY
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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



2022 JUN 15 AM ID: 21 MICHALICE, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 02/11/2003 The Articles of Organization for this Limited Liability Company were filed on and assigned L03000005127 Florida document number 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 "LLC." 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 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 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

C. 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	PRISCILLA MARRERO	16751 NE 9TH AVE MIAMI, FL 33162	🗏 Add
			□Remove
			Change
MGR ABIGAIL MICHALICE ED	ABIGAIL MICHALICE EDERY	2218 CENTERRA LOOP KISSIMMEE, FL 34741	= Add
			🗆 Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	HINE 14, 2022
	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
e recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JUNE 14 2022
	alice Cley
	Signature of a member or authorized representative of a member
	ALICE EDERY

Filing Fee: \$25.00