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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

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FO: Registration Section
Division of Corporations

SUBJECT:	MICOR LLC			
SUBJECT.		Name of Linft	ed Liability Company	
	•		•	4
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.	•
		dence concerning this matter to		
r rease return	an correspon	dence concerning this matter to	s the long wing.	
		RICARDO CORONA, ESÇ)	
			Name of Person	A . 1 0 m
			Firm/Company	
		3899 NW 7TH STREET		
			Address	
		MIAMI, FLORIDA 33126		
			City/State and Zip Code	
		RCORONA@CORONAPA.		
		E-mail address: (to	be used for future annual report n	otification)
For further in	nformation co	ncerning this matter, please cal	II:	
RICARDO	CORONA, ES	SQ.	305 547-1234 at ()	
	Name of	Person	Area Code Dayı	ime Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 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:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MICOR LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 05/01/2006	and assigned
Florida document number L06000044979		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	TR ALL
		APR AH
		ASS ASS
Enter new mailing address, if applicable:		E C
(Mailing address MAY BE A POST OFFICE BOX)		
	·····	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on our records, <u>enterss here</u> :	the name of the new
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 A	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>	Address	Type of Action
MGR	RICARDO CORONA	7074 NW 50TH STREET	
		MIAMI, FLORIDA 33166	Remove
			☐ Change
MGR	ALINA CORONA	7074 NW 50TH STREET	□ Add
		MIAMI, FLORIDA 33166	☐ Remove
	ing cancelled		
due	e to returned check		■ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
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			□ Remove
			☐ Change

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	04/11/2018	
(If an et Note:	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	5.0207 (3)(b) ed as the
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	April 16th, 2018.	
	Signature of a member or authorized representative of a member	
	RICARDO CORONA Turad or printed name of signer	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00