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## · COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
SUBJECT:	MIRO GRO	OUP, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Penny K. Every		
			Name of Person	
		Jeffrey C. Sweet, Esquire		
Firm/Company				
		595 W. Granada Blvd., Su	ite A	
			Address	
		Ormond Beach, Fl. 32174		
			City/State and Zip Code	
		Penny.every@jsweetlaw.co		
			to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
Penny K. Every		386 676-5669		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	i <u>ling Addres</u> gistration S		Street Address: Registration S	ection
Div	ision of C	orporations	Division of Corporations	
P.O. Box 6327		The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRO GROUP, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on March 24, 2008	and assigned \frac{1}{2}
Florida document number L08000029860		
This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter t	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Type of Action
MGR	SIDNI P. MANNE	150 Sage Brush Trail	
		Ormond Beach, FL 32174	■Remove
			□Change
MGR BRUCE D. MANNE	150 Sage Brush Trail	<b>=</b> Add	
	Ormond Beach, FL 32174	□Remove	
		Change	
			Remove
		Change	
		□Add	
		□Remove	
		Change	
		□Remove	
		□Change	
-			□Add
			Remove
			□ Change

<u> </u>
ive date, if other than the date of filing:
d 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 led.
June 30 2020
Signature of a member of authorized representative of a member
r

THE PARTY