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PICK-UP WAIT MAIL
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COVER LETTER

Division of C	Corporations		
SUBJECT:	177 NE 23 ST LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
		Johan Pedraza	
		Name of Person	
		JMPE Holdings,LLC	
			
		Address	
		Miami , Florida 33150	
		City/State and Zip Code	2016 FAL
		ohan@nyelectricservices.com to be used for future annual report notif	1 1 1 1
For further information	n concerning this matter, please c	·	300 E
Johan Pedraza		305 677-2033	D C
Name	e of Person	at ()	Telephone Number 70
Enclosed is a check for	r the following amount:		
□ \$25.00 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:

TO:

Registration Section

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

	7 NE 23 ST LLC d Liability Compan A Florida Limited L	ny as it now appears on our r lability Company)	ecords.)				
The Articles of Organization for this Limited Lia Florida document number L11000005763				and as	ssigned		
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liabil	lity company here:					
Liberty Miss	ion Critical Servic	ces,LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	"LLC" or the	abbreviation "l	L.C."		
Enter new principal offices address, if applicable:		7160 NW 5th Place					
(Principal office address MUST BE A STREET		Miami,Florida 33150					
						_	
Enter new mailing address, if applicable:		7160 NW 5th Place					
(Mailing address MAY BE A POST OFFICE BOX)		Miami,Florida 33150					
B. If amending the registered agent and/or the new registered off			cords, <u>ente</u>	r the name	Fof the	Tow Tow	
Name of New Registered Agent:	IC J, P.L.		in .	D			
New Registered Office Address:	407 LINCOLN	ROAD SUITE 9-D		L 02	<u>م</u> حد		
		Enter Florida street a		5H 3-	Ē		
	MIAMI BEACH		Florida _	33139		_	
		City		Zin Coda	,		

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>	Address	Type of Action
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			Change
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Page 3 of 3

Filing Fee: \$25.00