L11000108347

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COVER LETTER

TO:

Registration Section
Division of Corporations

HRIECT.

MICHIGAN AVE. #6, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandre Ballerini

Name of Person

The Law Firm of Alexandre Ballerini P.A.

Firm/Company

927 Lincoln Rd - Suite 200

Address

Miami Beach, FL 33139

City/State and Zip Code

alex@alexballerinilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandre Ballerini

_{...}786₅543-74

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fcc

□\$30.00 Filing Fee & Certificate of Status

Q\$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
Cilfion Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHIGAN AVE. #6, LLC (Name of the Limited Liability Con (A Florida Limit	pany as it now appears on our	records.)		
The Articles of Organization for this Limited Liability Comp Florida document number L11000108347			_and ass	aigned
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 end with the words "L" L.L.C."	imited Liability Company," the	designation "LLC	" or the	abbreviati
Enter new principal offices address, if applicable:	Approximation of the second			
(Principal office address MUST BE A STREET ADDRESS	2	E V	<u>ે :చ</u>	:
•	-	<u> </u>	<u> </u>	
•		ASS	2	
Enter new mailing address, if applicable:		mí- m c	့်ယ	<u>m</u>
(Mailing address MAY BE A POST OFFICE BOX)		77.	; <u>20</u>	Ö
		ORH	ှို့လှ	-
	,	A T	14	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter the</u>	name o	of the ne
Name of New Registered Agent:				
New Registered Office Address:			-	
•	Enter Flori	ida street addres.	et address	
		, Florida	de Salange	
•	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Elise Fable	970 S Shore Dr	Add
		Miami Beach, FL 33141	Remove
MGRM	Elise Fable	970 S Shore Dr	
		Miami Beach, FL 33141	Remove
			/
			Remove
		- ALLAH	7 3 2 4 4 4
	· .	ASSEE FLO	Remove
		FLORIDA	Add
			Remove
			Remove

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S. 17.13	
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Sign stare of	a member or authorized representative of a member
	Alexandre Belloarn

Filing Fee: \$25.00

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