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## COVERTELLER

TO:

Registration Section Division of Corporations

MITSER L	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	INES MILANE		
		Name of Person	
	MITSER LLC		
		Firm/Company	
	14316 SW 97TH TER		
		Address	
	MIAMI, FL. 33186		
	<del></del>	City/State and Zip Code	
	MITSER.LLC@GMAIL.C	ОМ	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
INES MILANE		786 2018783	
Name o	f Person		me Telephone Number
Enclosed is a check for t	he 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 Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Servision of Co The Centre of 2415 N. Monre Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SITTSER, LEC		CO
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	· -
The Articles of Organization for this Limited Liability Company Florida document number 1.11000110325		and as
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L
Enter new principal offices address, if applicable:	14316 SW 97th TER.	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33186.	
	U.S.A	
Enter new mailing address, if applicable:	14316 SW 97th TER.	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33186.	
	U.S.A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ime of the nev
	Enter Florida street address	
-6-814	, Florida _	Zip Code
	3-11-1	247 COR

## New Registered Agent's Signature, if changing Registered Agent:

MITCED LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
MGR	INES MILANE	14316 SW 97th TER	□Aá
		MIAMI, FL. 33186.	□Re
		U.S.A	
MGR	MICHAEL IANNIELLO	14316 SW 97th TER	□Ad
		MIAMI, FL. 33186.	□Rei
		U.S.A	<b>\equiv</b> Che
MGR	ANNA IANNIELLO	14316 SW 97th TER	
		MIAMI, FL. 33186.	□Ren
		U.S.A	<b>≡</b> Cha
MGR	SARA IANNIELLO	14316 SW 97th TER	<b>=</b> Adc
		MIAMI, FL. 33186.	□Ren
		U.S.A	
			□Ren
			□Cha
	<del></del>		□Adc
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Note:	ve date, if other than the date of filing:
f the recordecord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day afted.
Dated	·
	Signature as a member or authorized representative of a member
	INES MILANE Typed or printed name of signee

Filing Fee: \$25.00