(Jacob) 3535)

(Requestor)	s Name)
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Mia Real	Restals, LLC		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Rache (
	Mia Rea	Name of Person Retals, LL(Firm/Company		
	5301 N	Federal Huy	, Su:te 18	5
		City/State and Zip Code Sacrellaw. Code to be used for future annual report notifi	s m	第三名 PLED
For further information	concerning this matter, please ca		canon)	
Ra C Name	of Person	at (561) 807- Area Code Daytime	- 7107 Telephone Number	68 4 08
Enclosed-is a check for	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 F Certificate of S Certified Copy (additional copy)	Status & ⁄

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

Mia Keal Rentabile	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1Z00003</u> 53	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab N/A The new name must be distinguishable and contain the words "Limited Liabi	
	5030 Champion Blud. Suite 611-23
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Borg Raton, FL 33496
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her	
Name of New Registered Agent:	'A
New Registered Office Address: 5301	N Federal Huy, Suite 190 Enter Florida street adoless
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code= 1]
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	per to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	N/ / A

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGEM	Mia Real Holdings, LLC	5301 NFederal Huy, Suite	185 _{0 Add}
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If an effective	date, if other ve date is listed, the date inserte	the date must l	be specific a	and cannot b	be prior to da	ate of filing	or more that	90 days aft	l ional) er filing.) F iis date w	ursuant to 6	05.0207 (3)(b) sted as the
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	July 1	6		<u>, 20</u>	<u>.15</u> .	. /	1				골 (J 주
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Page 3 of 3

Filing Fee: \$25.00