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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>M; k</u>	S.G. // Invest. Name of Lim	Holding LL ited Liability Company	<u>C</u>
The enclosed Articles of A	amendment and feets) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person	
	Mikall :	Invest Holding Firm/Company	LLC_
	1445 Do	Address	uite 9
	i	FL 32771 City/State and Zip Code	
	Gomin @ E-mail address: (1	Z 00 m air a U S to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ail:	
Tammy C	ook Person	at (32/) 3 63- Area Code Daytime	4947 Telephone Number
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 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mikall Inve	est Holding LLC
(Name of the Limited Lian) (A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $3/9/2012$ and assigned
Florida document number <u>L120000</u> 33	714
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)
	∞ ≤ _{υ,}
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	60 £3
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :
M. CM. B. C. M.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
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