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COVER LETTER

TO: Registration Section
Division of Corporations

Mia Chere 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:

Mia Chere' Merritt

Name of Person

Mia Chere' LLC

Firm/Company

4112 Isle Vista Avenue

Address

Belle Isle, FL 32812

City/State and Zip Code

donna@stevemerritt.com

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

For further information concerning this matter, please call:

Donna Bryson

_.,561,**523-5217**

Name of Person

Area Code & Daytime 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

FILED 2013 JAN 14 AM 11: 41 SEGNETARY OF STATE TALLAMASSEE, FLORIDA

Mia C	here LLC	
(Name of the Limited I	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Lia Florida document number L1300004904	ibility Company were filed on <u>Jar</u>	nuary 9, 2013 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :
Mia Chere' LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
	-	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
	Citv	, Florida Zip Code
	Ciiy	zap Coue

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Type of Action** <u>Address</u> Remove Remove Remove

If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
please note the only change is the name	e, it was Mia Chere LLC and now it is Mia Chere' LLC only adding the 'after the last e
4/	
1	
January 10	
aOomal	ENSW.
	re of a/member or authorized representative of a member
Donna Bryson	
-	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JAN 14 AN II: 41