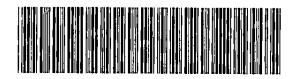
L13000019235

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Centificates	of Status
Special Instructions to	Filing Officer:	
		





500335501745

10/21/19--01020--002 **25.00



C Kiuzes

COVER LETTER

TO:		tration Secti on of Corpo		,	7	Š	
	٨	IIRAB, LLC				\$	
SUBJE	:СТ: _		Name of Limi	ited Liability Company			
The end	closed A	Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please	return a	ll correspond	ence concerning this matter	to the following:			
			RACHELLE BOU-NAHR	A			
				Name of Person			
			MIRAB, LLC				
				Firm/Company			
			6351-4 BAY CLUB DRIV	Æ			
				Address			
			FORT LAUDERDALE, F	L 33308			
			ellemirab@aol.com	City/State and Zip Code			
			E-mail address: (to be used for future annual re-	port no	tification)	
For fur	ther info	ormation con	cerning this matter, please ca	all:			
ROBE	RT P. R	ESKE, ESQ		954 770-9 at ()			
		Name of P	erson	Area Code	Daytir	ne Telephone	Number
Enclos	ed is a c	heck for the	following amount:				
= \$ 2:	5.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		C	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

MIRAB, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
the Articles of Organization for this Limited Liability Company were filed on FEI lorida document number L13000019235	BRUARY 5, 2013 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	2019
Principal office address MUST BE A STREET ADDRESS)	9 GCT
	<u>~</u>
inter new mailing address, if applicable:	B. T.
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Flori	ida 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>	<u>Address</u>	Type of Action
MGRM	BOU-NAHRA, RACHELLE	6351-4 BAY CLUB DRIVE FORT LAUDERDALE, FL 33308	
			Remove
			□ Change
MGR	BOU-NAHRA RACHELLE	6351-4 BAY CLUB DRIVE FORT LAUDERDALE, FL 33308	
			■ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

									
									<u>-</u>
									
									
				<u> </u>					
									
							·		
		·							
		 .							
	<u>. </u>		 						
									
									
				 _		<u></u>			
			<u> </u>						
								_	
	· • ·				·····			<u> </u>	
		· · ·							
n effectiv ete: If th	ve date is listed, th he date inserted	than the date of the date must be specific this block do on the Departm	cific and cannot not meet to	not be prior to the applicat	o date of filling	or more unan	(optio 90 days after the ements, this	nnig") i arzam	it to 605.020 be listed a
record The 90	d specifies a Oth day after	delayed effe the record is	ctive date filed.	, but not	an effecti	ve time, a	nt 12:01 a	.m. on the	earlier
oc	TOBER 17		20)19	_·				
		Well Signat	ure of a memi	oer or author	ized represent	tative of a me	mber		
	(O C Originat	mena						

Page 3 of 3

Filing Fee: \$25.00