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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)675-5944

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MICMAR LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records, mited Liability Company)	.)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/03/2015	and assigned
Florida document number L15000039198		22
i iorida decement homoer	•	至8 号 11
This amendment is submitted to amend the following:		SER THE
A. If amending name, enter the new name of the limite	d liability company here:	10 P IT
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		\biggs
Trincipal office address most bis reversion, new reservers		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
— -	Enter Florida street address	Ţ
	, Flo	orida
	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 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>	Name	Address	Type of Action
MGR	ANA CARCINER	605 OCEAN DR #4M	
		KEY BISCAYNE, FL 33149	= Removc
			□ Change
MGR	ANA CARNICER	605 OCEAN DR #4M	
		KEY BISCAYNE, FL 33149	□Remove
			Change
			□Remove
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N'-sar Iftha	date is listed, the date in date inserted in this effective date on the	ninck nucs no	i llicot the appue	40.4	more than 90 days a ing requirements.	ptional) offer filing.) Pursuant to 605 this date will not be list	ted a
ord is filed.						f: (h) The 90th day afte	er th
Dated 👱	9/8 Shot lower ANA CARNICER		2021				
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	JANNA / CON						
_	<u></u>	Signature of	f a member or auth	orized representa-	ive of a member		