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T. MATTHEWS MAY 16 2022

TO: **Registration Section Division of Corporations** MS21 MIAMI, LLC SUBJECT: 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: MARIA HINOJOSA Name of Person MS21 MIAMI, LLC Firm/Company 9825 SW 77TH PL Address MIAMI, FL 33156 City/State and Zip Code ms21eventos@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 270-8497 MARIA HINOJOSA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & **IX** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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The Centre of Tallahassee
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ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE DIVISION OF CORPORATION

MS21 MIAMI, LLC

22 APR 15 AM 8: 04

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number	Liability Company	were filed on	01/2015 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company her	2:
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addr	-	address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	ADOLFO DEL	CID	
New Registered Office Address:	9825 sw 77		
		Enter Florid	a street address
	MIAMI		, 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

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H amenoning Authorized rerson(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
			□Add
			□ Remove
			□Change
			□Remove
			□ Add
			□Remove
			□Change
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	OR CORPORATE ACCOMMODATION. GENERAL MARKETING
AND COMMERCIAL PROMOTI DEVELOPMENT	ON SERVICES, INCLUDING THE ORGANIZATION AND
	FOR LOCAL AND INTERNATIONAL COMPANIES IN VARIOUS
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	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as
	ite, but not an effective time, at 12:01 a,m. on the earlier of: (b) The 90th day after the
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ecord specifies a delayed effective dat is filed. APRIL 7 ated	2022
is filed. APRIL 7	

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