(Re	questor's Name)	
(Add	dress)	 .
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(Cit	y/State/Zip/Phone	<i>⇒</i> #)
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S. WARREN JUN 2 7 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: - ML 23, 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:	
Galileo Di Giacomo	
Name of Person	
Firm/Company	
5900 SW 172 Ave.	
South west Ranches FL 33331 City/State and Zip Code	
Galileo dg @ Gmail. Com E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Galileo Di Giacomo at (305) 469 08.98 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, 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

ML 23,	Ilc
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1500090495</u> .	were filed on $\frac{Apr. 29/2017}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-0-NA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	alu ===
New Registered Office Address:	Enter Florida street address
	. Florida Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper and complete paccept the obligations of my position as registered agent as properties.	performance of my duties, and I am familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agen

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Morens, Jose	5900 SW 172 Ave.	Add
		Southwest Ranches, Fl. 323331	O Remove
			Change
			Remove
			Change
			□ Add
			Remove
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		N/A.		
				
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ective date, if oth	er than the date of fi	iling:	O (or	otional)
effective date is listed	d, the date must be specific	e and cannot be prior to date of not meet the applicable state	filing or more than 90 days a	fter filing.) Pursuant to 605,02
	late on the Department		nory ming requirements.	this date will not be fisted
		ve date, but not an eff	ective time, at 12:0	1 a.m. on the earlier
he 90th day aft	er the record is file	ed.		
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ed Jone,	45	7. 2017		
		211		>> \
	Signature (of a member or authorized repr	resentative of a member	7
	(-1.1	().		FIL JUN 26
	$1 \sim 1100$	シン (かる)	com o	FIL 126
	Galileo	Typed or printed name a	feignee	
	<u> </u>	Typed or printed name o	f signee	
	<u> </u>	Typed or printed name o	f signee	PR 4:

Filing Fee: \$25.00