

L1600025430
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305)593-0829
Fax Number : (305)593-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: annualrenewals@taxnelson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI SLICE LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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TALLAHASSEE, FLORIDA

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Help T. LEMIEUX
MAR 16 2022

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

MIAMI SLICE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/05/2016 and assigned Florida document number L16000025430.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: GISELLE AGUAYO

New Registered Office Address: 1150 SW 139 COURT
Enter Florida street address

MIAMI, Florida 33184
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.

Giselle Aguayo
Giselle Aguayo (Mar 15, 2022 06:09 EDT)
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA

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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> | <u>Type of Action</u> |
|--------------|-------------------|-------------------|--------------------------------------------|
| MGR | AGUAYO, DARIEL | 1150 SW 139 COURT | <input type="checkbox"/> Add |
| | | MIAMI, FL 33184 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MORALES, CHASTIDY | 1150 SW 139 COURT | <input type="checkbox"/> Add |
| | | MIAMI, FL 33184 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | AGUAYO, GISELLE | 1150 SW 139 COURT | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33184 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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