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Office Use Only



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SECRETARY OF STATE SECRETARY OF STATE LORID.
TALLAHASSEE, FLORID.
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APR 11 2017 S. YOUNG

COVER LETTER

	ition Section of Corporations	
SUBJECT:	Mikela LLC Name of Limited Liability Company	
	Tame of Emilion Statemy Company	
The enclosed A	cles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Daniela McCarthy	
	Name of Person	
	Firm/Company	
	117 Glen Eagles Ct	
	Ponte Vedra Beach, PL 32082	
	daniela ba O amail. com	SECRE
For further infor	E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:	SS
Dani	La McCarthy at 904 614 2782 Name of Person Area Code Daytime Telephone Number	E ST
	Name of Person . Area code Daytime Telephone Number	3
Enclosed is a ch	ck for the following amount:	
\$25.00 Filin	Fee Solution Status Solution Solution Status Solution Status Solution Status Solution Status Solution S	

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

Mikela.	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Mar 12, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	O PACTO
(Mailing address MAY BE A POST OFFICE BOX)	3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Type of Action **Name** Mike M. Paou nov 117 Glen Eagles of Add
Ponte Vedra La, Ft 32082 Kremove ☐ Change ANBR MariykaR. Bueva Change ☐ Remove نبغ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

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Filing Fee: \$25.00