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(Re	questor's Name)	
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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJE	ст: Міс	roware LLC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	ence concerning this matter	to the following:	
		Antonio 3	Kirch Name of Person	
	<i>,</i>	<u>.                                    </u>	Mi'CO Ware Firm/Company	
		1643 Palm bead	h lake Blyd surfe #120	10 WPB, IFL 33401
		West Paulm Bo	each, FL 33W1 City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furt	ner information con	cerning this matter, please ca	all:	
Ant	omo Rivero Name of P	erson	at ( <u>561</u> ) <u>614 458</u> Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
<b>\$</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Microware LLC	
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 16000 (3383	were filed on $6/37/16$ 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 Liabi	<u> </u>
Enter new principal offices address, if applicable:	1045 Halm beach lakes 131Va
(Principal office address MUST BE A STREET ADDRESS)	West falm beach, FL 33401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1645 Palm beach Taker Blvd & Gr West Palm beach, FL 3340)
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: Antonib	Rihva
New Registered Office Address: 1645 γω	m beach lakes Blvd west fulm beach, FL J3481  Enter Florida street address
west falm	h beach , Florida 3340  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

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>	Address	Type of Action
MER	Tsajah Colon	1795 N Congress ave	Add
		west pulm beach IIL 33401	Remove
		1645 Palm beach lukes block	Change
AMBR	Esteban Cruz	west Pulm beach, FL 33401	MAdd
			Remove
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ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and canr is block does not meet	ot be prior to date of fi the applicable statut	iling or more than 90 days	optional) after filing.) Pursuar s, this date will not	nt to 605.020 be listed a
record specifies a dela he 90th day after the	eyed effective date record is filed.	, but not an effe	ective time, at 12:	01 a.m. on the	earlier (
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Page 3 of 3

Filing Fee: \$25.00