116000123667

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(Address)
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WECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	MIRACLES	BY THE SEA LLC		V.
202011			ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Michael J McGoey CPA		
			Name of Person	
		Michael J McGoey CPA Ir	nc	
			Firm/Company	
		639 East Ocean Ave, Ste I	01	
			Address	
		Boynton Beach, FL 33435		
		·	City/State and Zip Code	
		mjmcgoey@aol.com	to be used for future annual report notifi	
		·	·	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Michael J McGoey		561 734-8599 at ()		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section'

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

MIRACLES BY THE SEA LLC		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/28/2016 Florida document number L16000123667		_ and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	3% (35) 77 (77)	<u>23</u>
Enter new mailing address, if applicable:		Markette Parkette
(Mailing address MAY BE A POST OFFICE BOX)		in .
	ى سى ^س .	
	DRID	<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>erter th</u>	Ename of the new
registered agent and/or the new registered office a	duress nere:	-:-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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
MGRM	John K Sparks	6000 N OCEAN BLVD STE 2D	■ Add
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ective date, if other than the neffective date is listed, the date m	e date of filin	ıg:			(optiona	l)	60 . 0 . 0
n effective date is listed, the date m te: If the date inserted in this l	ust be specific an plock does not:	d cannot be prior meet the applic	to date of filing or able statutory fili	more than 90 day ng requiremen	ys atter film ts, this dat	g.) Pursua e will no	nt to 605.020 t be listed as
cument's effective date on the	Department of	State's records.					
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record specifies a delaye The 90th day after the re			t an effective	time, at 12	:01 a.m	. on the	e earlier o
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December 9		2016			•.		
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			(///		1-20	179 179	
			4/8/21 -		-4- ("Y")	,	
	Signature of a	member or alithe	rized representativ	ve of a member	- 	()	

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Filing Fee: \$25.00