L16000175180

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/P110He #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 JUL 27 AM 8: 10

D. BRUCE SEP 16 7070

COVER LETTER

TO: Registration S Division of Co			
	LE MINIKUS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHELLE MINIKUS		
		Name of Person	
	MICHELLE MINIKUS LI	LC	
	 	Firm/Company	
	5908 SW 112 DRIVE		
		Address	
	COOPER CITY, FL 33330)	
	MICHELLE554@GMAIL.		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report nall:	otification)
MICHELLE MINIKUS		954 831-9706 at ()	202 To
Name	of Person		ime Telephone Number
Enclosed is a check for	the following amount:		6/10 At 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Concentration of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	Section
Division of (Division of C	
P.O. Box 633	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHELLE MINIKUS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on SEPTEMBER 20, 2016	and assigned
Florida document number L16000175180		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	bbreviation "L.L.C."
Cnter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registe
Name of Name Day instead Assess		(* **)
Name of New Registered Agent:		70.
New Registered Office Address:		
	Enter Florida street address	27
	, Florida (2)	715 716 Fode 2 5 5
Con Degistered Agent's Signature if changing Degistered Agents	: (ري)	
New Registered Agent's Signature, if changing Registered Agent:	[/]; [<u></u>	

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 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
AMBR	STEPHANIE MEDIAVILLA	5908 SW 112 DRIVE, COOPER CITY, FL 33330	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		SECRETARY CA	20 JU 27
		(報) (代表) (元) (元) (元)	Remove co Change
·-··			🗀 Add
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