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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mic Z Mano (NVestment, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Micane Pierce Name of Person
Firm/Company
530/ Eggle Cay Court
Cocoot Crek fl 33073  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
Micane Pierre at (954) 575- 2699  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \$\subset \text{S55.00 Filing Fee & Certificate of Status & C

### 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**

	(Name of the Limited Liab (A Flor	Manual Company as it now appears of ida Limited Liability Company)			
	s of Organization for this Limited Liability ument number <u>L</u> 160 OOQ 0 3		11-3-201	6_ and assigned	
This amend	ment is submitted to amend the following:				
A. If amen	ding name, <u>enter the new name of the li</u>	mited liability company here	:		
The new name	must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or the abt	previation "L.L.C."	
Enter new	principal offices address, if applicable:				
	office address MUST BE A STREET ADD	DRESS)			
	-			00 7#	
				ুঁ ক্ৰ	
Enter new	mailing address, if applicable:			<u>.</u> 5	
Mailing ad	dress MAY BE A POST OFFICE BOX)			· 表	
				<u> </u>	
				12	
B. If ame registered a	ending the registered agent and/or reg agent and/or the new registered office ac	gistered office address on o ldress here:	ur records, <u>enter (</u>	the name of the nev	
<u>Na</u>	ime of New Registered Agent:				
Ne	ew Registered Office Address:				
		Enter Florida street address			
	,		, Florida	Zip Code	
		City	, , , , , , , , ,		

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

Title	Name	Address	Type of Action
<u> </u>	Emmanuel Pièrre	5301 Eggle Cox Cart	Add
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			Change
P	Micane Pierre	5301 Eagle Cay Cont	<b>}⊠</b> Add
		(ccont Crek, F1 3307)	
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		<del>.</del>	
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fective date, if other than n effective date is listed, the da te: If the date inserted in t	te must be specific his block does n	and cannot be proof of meet the app	ior to date of filing licable statutory	or more than 90 days	<b>ptional)</b> ifter filing.) Purs this date will r	uant to 605.03 not be listed
cument's effective date on	the Department	of State's record	ls.			
record specifies a del The 90th day after the			not an effectiv	ve time, at 12:0	1 a.m. on t	he earlier
red 8/10		. <u>Zc/8</u>	<u> </u>			
		2Al				
	6	fa member blau	thorized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00