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2023 KAY -1 AH 7: 4

[le/m/2023

COVER LETTER

MIREII	LEDK LLC		
Catan de Zare			
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing	
ricase return all corres	spondence concerning this matte	er to the following:	
	MIREILLE KERKERIA	N	
		Name of Person	
	MIREILLEDK LLC		
		Firm/Company	
	10318 Lexington Estates	Blvd	
		Address	
	BOCA RATON FL 3342	8	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ilication)
For further information	concerning this matter, please of	call:	
MIREILLE KERKERI		561 210-5001	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following accessors		
■ \$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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY - 1 AM 7: 49

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2017 and assigned Florida document number 117000013793

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MIREILLEDK LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	<u>Address</u>	Type of Action
MGRM	DAVID KERKERIAN	1970 NW 32 ST POMPANO BEACH FL 33064	
			□Remove
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			JAdd
		TRemove	
			□Clunge
			□Add
			□Remove
			□Change

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f an effec <u>Note:</u> T	tree date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Signature of a member or authorized representative of a member
	MIREILLE KERKERIAN

TOTAL CONTRACTOR