117000022682

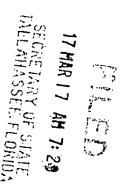
questor's Name)	, <u>, , , , , , , , , , , , , , , , , , </u>
dress)	
dress)	
y/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
	;
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



300296683623

03/17/17--01007--025 **25.00



COVER LETTER

SUBJECT:	Name of Lim	S LLC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mich	elle Posada.	
		Firm/Company	
	325 S Bis	scayre Blvd +	F3917.
	<u>Michelle</u>	City/State and Zip Code Michismia	mi.co
	Name of Person Chils C. Firm/Company 325 S biscaye		
For further information of	concerning this matter, please co	all:	
Michelle Name	Posador- of Person	at (+86) 606 S Area Code Daytime	Telephone Number
_	he following amount:		
\$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

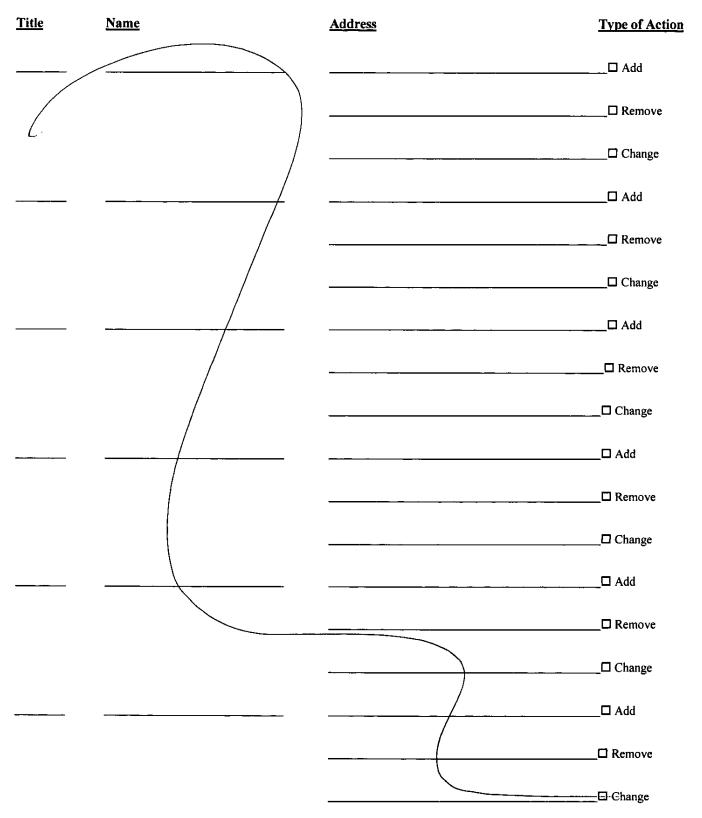
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICH	1'S LLC.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>800 29 48 4 干</u> ララミ	were filed on 1 · 27 · 17 · and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10437 NW 41st St
(Principal office address MUST BE A STREET ADDRESS)	Daal, #1 33178.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	IAE :
New Registered Office Address:	Enter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip &de
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office accompany has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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



· · · · · · · · · · · · · · · · · · ·	ease	CVA	nge q	A YC	Hiess	to:	
	0437	NW	415+	6 †	, Do	al F	
	331 +0	·					
						¥. SE	
						ORE TA	7 MAR
	<u>.</u> .					RY DE S	7 288
						C DKID	729
-						- A-1-A-1	
ctive date, if other offective date is listed, to the date inserted	he date must be speci	fic and cannot b	e prior to date of fil	ing or more the	option (option on 90 days after f	iling.) Pursua	unt to 605 et be liste
ment's effective date				,	,		
ecord specifies a le 90th day after	delayed effect the record is f	ive date, b iled.	ut not an effe	ctive time,	at 12:01 a.	m. on the	e earlie
4 March	14, 2017	<u>- , la </u>	<u>00</u> . pm	٧-			

Page 3 of 3

Filing Fee: \$25.00