Division of Corporations

Flenida Department of State Division of Corporations Electron s Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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то:	Division of Corp			:-	
	Fax Number :	(850)617-6383			
From:	Account Number :		DLUTION INC	- , .	
		(954)865-6607 (754)205-5680			
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAICIPA GROUP LLC					
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JUN 1 2 2019

COVER LETTER

TO:	Registration Sec Division of Corp			
	NAICIPA G	ROUP LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subm	niucd for filing.	
Please	return all correspon	idence concerning this matter to	o the following:	
		JOSE NAICIPA JIMENEZ		
		CEO	Name of Person	: 20
			Firm/Company	2019 JUN 12 1 22 1 1
		7579 NW 79TH AVE APT	305	
			Addrons	: :
		TAMARAC, FL 33321		PH 2:
		V.A.BUSINESSOLUTIONS	City/State and Zip Code	36
		E-mail address: (to	be used for future annual report nutification)	•
For fur	ther information co	neerning this matter, please cal	11:	
JOSE 1	NAICIPA JIMENE	z	954 933-2634 at ()	
	Name of	Person	Area Code Daytime Telephone Numb	er
Enclos	ed is a check for th	e following amount:		
□ \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Foe, cate of Status & ed Copy tal copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, 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**

MICHAGROUI ELC	
(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 03/22/2017 and assigned	
Florida document number L17000065888	
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:	<u>></u> -
(Principal office address MUST BE A STREET ADDRESS)	
	;
: : : : : : : :	_
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	_
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	пеу
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 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 Changlog Registered Agent, Signature of New Registered Agent Page 1 of 3	

__ Change

	from our records:		
MGR = N $AMBR = A$	lanager Luthorized Momber		
<u>Title</u>	Name	Address	Type of Action
AMBR	JUAN SEBASTIAN NAICIPA JIMEMEZ	7579 NW 79TH AVE APT 305 TAMARAC, FL 33321	BAdd □
			□ Remove
			Change
			D Add
			□ Remove
			Officinge >
			——— Preptrove □
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Filing Fee: \$25.00