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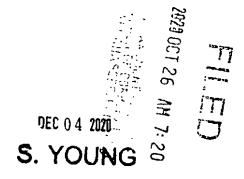
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frantz Michel		
		Name of Person	
		Firm/Company	
	640 NE 160TH ST		
		Address	
	MIAMI, FL 33162		
	-	City/State and Zip Code	
	frantztheauthor@gmail.con		
For further information a	E-mail address: (oncerning this matter, please o	to be used for future annual report not	filication)
	oncerning this matter, picase co	aii.	
Frantz Michel		786 487-2037 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	action
Registration S Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MICHEL DIGITAL SERVICES LLC		100 T
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	7 26
The Articles of Organization for this Limited Liability Company Florida document number 1.17000145979	were filed on 07/07/2017	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the limited liab	ility company here:	
MICHEL MARKETING & INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19950 NE 15TH CT	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33179	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	WISLYNE L MICHEL	640 NE 160TH ST	≡ Add
		MIAMI, FL 33162	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ck does not meet th	e applicable stat	f filing or more than utory filing requir	(optional) 90 days after filing ements, this date) Pursuant to 605.020 will not be listed a
cord specifies a delayed effective of filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the e	arlier of: (b) Th	e 90th day after the
ed OCTOBER 17	202	0			
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		25			

Filing Fee: \$25.00