L17000225382

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Dan Maza			
		Name of Person	 _	
	MiaToDet LLC			
		Firm/Company		
	1521 Alton Rd Ste 539			
		Address		
	Miami Beach FL 33139			
		City/State and Zip Code		
	miatodet@gmail.com			
		to be used for future annual report no	utification)	
for further information c	oncerning this matter, please c	all:		
Dan Maza		954 861-0611 at ()		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	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		Street Address:	action	
Registration 9 Division of C		Registration S Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIATODET LEC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on October 31, 2017	and assigned
Florida document number L17000225382	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADDR	ESS)	
		F 11 2020 NOV 2
		7 80
Enter new mailing address, if applicable:		2 =
Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		, 3 0
		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the r</u>	name of the new regis
Name of New Registered Agent:		
New Devictored Office Addresss		
New Registered Office Address:	Enter Florida street address	
	. Florida	ı
	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
MGR	M2DHOLDINGS LLC	100 CRESCENT CT.	□ Add
		7TH FL.	■Remove
		DALLAS TX 75201	
			□Add
			□ Remove 2020 NOV 21□ PH
			DV 21 Add TO D Signature C2
			○ □Change
			□Add
			□Remove
			□Change
			□Add
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<u>te:</u> . If the date inserted in this block	does not meet the application	cable statutory filing re	quirements, this dat	e will not be listed
ument's effective date on the Depa	rtment of State's records	S.,		
cord specifies a delayed effective d	ate "hiji not an effective t	ime at 12:01 a.m. on t	he earlier of: (b) T	he 90th daý after t
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OCTOBER 12	2020			
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h. A				
W	mature of a member or auth	orized representative of a	a member	