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(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Co	rporations					
Miya's Gu SUBJECT:	ardian Angel, LLC					
Name of Limited 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:				
	Daneisha Freeman					
		Name of Person				
		Firm/Company				
	1800 NW 81st Street					
		Address				
	Miami, FL, 33147					
		City/State and Zip Code				
	Daneisha08@gmail.com					
	E-mail address: (1	o be used for future annual report notific	ration)			
For further information of	concerning this matter, please ca	ill:				
Daneisha Freeman		305 903-2505				
Name o	f Person	at () Area Code Daytime `	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:

TO:

Registration Section

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

Miya's Guardian Angel, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 AUG 12 A H: 48 The Articles of Organization for this Limited Liability Company were filed on February 22, 2018 per 15034 Offind assigned TALL AHASSEE, FLORIDA Florida document number L18000047752 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miya's Place, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Not Applicable Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Not Applicable 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 new registered agent and/or the new registered office address here: Not Applicable Name of New Registered Agent: Not Applicable New Registered Office Address: Enter Florida street address , Florida _ City

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
N/A	Not Applicable	Not Applicable	
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			Change
			
			🗆 Remove
			Change
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-	Not Applicable —-					·-		
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ecti	ve date, if other	than the date o	f filing:			(optional))	
<u>.e.</u>	ve date, if other cetive date is listed, the If the date inserted ent's effective date	i in this block doe	s not meet the	applicable stati	filing or more that story filing requ	in 90 days after filing airements, this date	g.) Pursuant to 605,02 will not be listed	207 as
rec he	ord specifies a 90th day after	delayed effec the record is	tive date, b filed.	ut not an ef	ective time,	at 12:01 a.m.	on the earlier	of
ed _	August 7		2019					
_	_		M	To				
		Signatu	e 6) a member a	or authorized rep	resentative of a n	nember		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00