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(Re	equestor's Name)	
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TILTO

D SCOTT

COVER LETTER

FO: Registration Sect Division of Corpo				
SUBJECT:	MIALIMA Name of Limi	ENTERPRISES ited Liability Company	LLC.	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	MARI	SOL HIDALGO Name of Person		
	MIALIN	Firm/Company	S LLC.	
	2201 BR	ICKEU AV. Sui	te Apt.96	
	Mian	City/State and Zip Code		
		SOLM D Me . Q		
For further information cor	ncerning this matter, please ca	all:		<u> </u>
MARISOL Name of 1	HDALGO Person	at (305) 934 1 Area Code Daytime To	137 T	
Enclosed is a check for the	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

MIA LIMA	ENTER	2PRICES L	-C ·		
		y as it now appears on our re- liability Company)			
The Articles of Organization for this Limited Liabi Florida document number <u>L1800005520</u>	lity Company	were filed onMAX	ech/1/	2018 and assi	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabi	lity company here:			
The new name must be distinguishable and contain the word: Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ity Company," the designation "			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	_N_/A			
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here		ords, enter	the name o	of the new
Name of New Registered Agent:	N/A N/A			<u> </u>	<u></u>
New Registered Office Address:	_ N/A	Enter Florida street au	ddress	U	
-		City		Zip Códe	

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 = AMBR =	Manager Authorized Member				
<u>Title</u>	Name	Address			Type of Action
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					Change
AMBR	MALLISOL ME	JIA LAHOZ 2201	voridell	Av.	D Add
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	 	Signature	of a member	or authorize	representati	ve of a mem	xer	 -		

Page 3 of 3

Filing Fee: \$25.00