L18000102416

5/28/2018

Division of Corporations

Elorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803-

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISAMU, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Liling Menu — Corporate Filing Menu

4.3

Help MAY 30 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MisaMu, LLC	*{*	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/24/2018	and assigned
Florida document number L18000102416		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or	the abbreviational L.C."
Enter new principal offices address, if applicable:		The state of the s
(Principal office address MUST BE A STREET ADDRESS)	Si	7.0
	\$ (<u></u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	*4-1	
B. If amending the registered agent and/or registered of	ffice address on our records a	inter the name of the ne
registered agent and/or the new registered office address here		THE THE HAITE OF THE BE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		4
	Cin:	la

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.

It Changing Regi-'ered 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:

٠,:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Terry Cooper	22048 Martella Ave	
		Boca Raton, Fl 33433	□ Remove
			Change
		`h	Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mutote: If the date inserted in this bocument's effective date on the f	lock does not meet the applic	able statutory filing requ	(optional) an 90 days after filing.) Pursu strements, this date will n	ant to 605.02 iot he listed
e record specifies a delaye The 90th day after the rec	d effective date, but no cord is filed.	it an effective time,	at 12:01 a.m. on th	ne earlier
May 23	2018			
	J. 72k.			
	Signature of a member or auth	orized representative of a r	nember	

Page 3 of 3

Filing Fee: \$25.00