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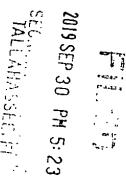
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OCT 1 6 2019

COVER LETTER

TO: Registration S Division of Co			ı
SUBJECT: M	ibe Solutions	Hc.	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ernesto	Miranda	
	Mirbe So	Name of Person Lutions HC.	
		Firm/Company	·
	17400 N.W	0 68+1 Avenue	ste 404
		-Fl 33015	
	materne	City/State and Zip Code 10 63 & gmail. con to be used for future annual report notif	n .
For further information of	concerning this matter, please co		ication)
Emest	Miranda	ar(_78 6_) 0 807.	549
Name o	f Person		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 (add:ttonal copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mirbe Solution	ons Hc.				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	7-12-18	aı	nd assi	igned
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 Liabi	lity Company," the desig	nation "LLC" or the ab	obreviati	ion "L.I	C."
Enter new principal offices address, if applicable:					<u>!</u>
(Principal office address MUST BE A STREET ADDRESS)			C.	20	
				9 SEP	
Enter new mailing address, if applicable:			<u> </u>	30	₹ ` •
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,		PH	: : ;
	-	i	- 1	<u>ہم</u> تن	(km)
B. If amending the registered agent and/or registered of	~			ယ	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	tice address on ou e:	ir records, <u>enter</u>	the na	ame o	of the
Name of New Registered Agent:					.
New Registered Office Address:					•
	Enter Florida	street address			
		Florida	_		
	Сиу		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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
AMBR	Ariel Almonte	Davie, Te 33324	1 X Add
		Davie, +e 35524	Remove
			Change
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Effective	date, if other than the date of filing: 927 2019 (optional)
(II an effective	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
document'	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
) The 90	th day after the record is filed.
Dated	9/25/2019
Dated	
	MUGA MIRWA
	Signature of a tiember or authorized representative of a member
	Ernesto Minanda
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00