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COVER LETTER

Division of Corpo			
SUBJECT: MA	MI LUXURY	REPORT 11-	L, C
	7.4	www.	
	mendment and fee(s) are subm	-	
Please return all correspond	lence concerning this matter to	the following:	
	MARIA VIRGINIA	JANAMULO/HATINE - Name of Person	
		Name of Person	
	Goen Migui	Events L.L.C.	
		Firm/Company	
	16400 Colling	s Quene # 646 S	ovni Isles
	<u> </u>	Address	· · · · · · · · · · · · · · · · · · ·
	Sumy Isle	o Florido, 33 City/State and Zip Code Yevents a gmouil cum	3160
	9 (000 0 00)	City/State and Zip Code	
		be used for future annual report notificat	
		·	((1))
For further information con	cerning this matter, please call	1:	
Menia Virginia	Jordevillo	ar (305) 5788 0	1595
Name of P	'eison	Area Code Daytime Te	lephone Number
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

(Name of the Limited Liability Company as it now appears on our records.)

MIAMI LUXURY REPORT I.LC

	(X) fortua timited 1.	initing Company)	三二二	
The Articles of Organization for this Limited L Florida document number 18000170	iability Company (were filed on <u>07 - 16</u>	5 - 201	~ W [1]
This amendment is submitted to amend the foll	owing:		,	2117 227 F
A. If amending name, enter the new name of	f the limited liabi	lity company here:	,	PR 4: 28
The new name must be distinguishable and contain the v	words "Limited Liabili			
Enter new principal offices address, if applied	cable:	3130 NE 19		
(Principal office address MUST BE A STREE	ET ADDRESS)	Apt. 309 Aventura Fl.		
		Aventura Fl.	331 8	3 <i>0</i>
Enter new mailing address, if applicable:		3130 NE	190 th	St.
(Mailing address MAY BE A POST OFFICE	BOX)	Apt. 309		
		Aventura 7	1.3	3180
B. If amending the registered agent and registered agent and/or the new registered o			cords, <u>ente</u>	er the name of the new
Name of New Registered Agent:	Miquel	Peralta		enhra F1. 33181
New Registered Office Address:	31317 /	US 190 th S	57 · AL	entra F1. 3318
New Registered Office Address.	<u></u>	Enter Florida street	address	
	Aventura	<u>a</u>	. Florida	33180
		City	_,	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agre	e to act in this capacity	: I further o	raree to comply with the

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

MGR = Manager AMBR = Authorized Member Type of Action Name Title **Address** Miguel Peralta 3130 NE 1910th Sh. 309 Zip 33180 ☐ Remove ☐ Change 3130NE 190thst. AMBA Marco Peralta. ZIP 33180 ☐ Remove 2 □ Change MGR MANIAVIBGINIA JARATCHIOHMINE 16400 Collins Av. #646 F1. 33 PG Remove □ Change Green Miami Events. 11 C. □ Add 16400 Collins Av. \$ 646. Fl. 33160 KREMOVE ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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. Effect	ive date, if other than the date of filing: $\frac{\sqrt{200024}}{\sqrt{200024}} = \frac{20}{2000000000000000000000000000000000$	O C (optional)
(fective date is listed, the date must be specific and cannot be prior to date of filing or mor If the date inserted in this block does not meet the applicable statutory filing:	c man 20 days and ming.) r (180ain to 003,02)
docum	nent's effective date on the Department of State's records.	requirements, this date with not be listed to
fthe red h) The	cord specifies a delayed effective date, but not an effective tine 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
<i>o)</i> , , , ,	sour day area the record is filed.	<u> </u>
Dated	Janvary 07-2019	111
	Hand Hand	tarton V
	Signature of a member or authorized representative of	

Page 3 of 3

Filing Fee: \$25.00