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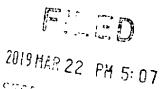
TO:	Registration Section Division of Corporations
SUBJI	ECT: Micro Admin LLC Name of Limited Liability Company
The en	aclosed Articles of Amendment and fee(s) are submitted for filmg
Please	return all correspondence concerning this matter to the following.
	Cincly Wiegand
	Micro Admin LLC Firm/Company
	3665 Fescue Lane
	Sarasota FL 34232 City/State and Zip Code Cindy Wiegand Dhotmail Com E-mail address: (to be used for future senual report notification)
For fu	rther information concerning this matter, please call:
(Cincly Wiegand at (941) 926-0959 Nome of Person Daytime Telephone Number
Enclos	sed is a check for the following amount
\$2	Solution Solution

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)	Cability Company as it now Florida Limited Liability Con	ADDRAIS OF OUR TE	SEES TALL cords)	
The Articles of Organization for this Limited Liabi	ility Company were filed	ion <u>Augus</u>	+ 30,2018 an	d assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the Ather Africa Fithernew name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	ls "Limited Liability Compan		'LLC" or the abbreviation	on "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ress on our rec	ords, <u>enter the n</u>	ame of the new
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street ad	ddress	
	City		_, Florida	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 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>	Address	Type of Action
			Remove
			Change
			
			☐ Remove
			☐ Change
			□ Remove
			Change
			
			☐ Remove
			Change
			Add
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`an effecti (ote:]f t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ated	March 19th 2019 Cynthia Wiegand Signature of a member or authorized epresentative of a member
	Cynthia Wiegard
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00