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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Migmi Globa Name of Lim	Partners LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vic	tor. J. Bugarin	
	Miami	Global Partners	LLC
		574 LPGA Blvd Address	• <u>, </u>
		Holly Hill FL . 35	2117
	<u>Miamial</u> E-mail addres: (obal partners @ a	mail.com
For further information c	concerning this matter, please ca	all:	
Victor Name o	e Bugarin	at (<u>386)</u> 222.10 Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

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 Comp	A Partros LLC any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
(A Florida Limited	Liability Company)	3.,
The Articles of Organization for this Limited Liability Company	were filed on 9127118	and assigned
Florida document number <u>LI8000230333</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Brickell Ave.,	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1800	
	Miami, FL. 33131	
Enter new mailing address, if applicable:	1200 Brickell Ave., Suite 1800	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1800	
	Miami, FL. 33131	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Oliver Schlecht	1200 Brickell Ave., Ste. 1800 Miami, FL. 33131)x Add
			Remove
			☐ Change
			🗆 Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			🗖 Add
			Remove
			Change
			Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	
	Signature of a them for or authorized representative of a member

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Filing Fee: \$25.00