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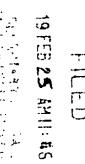
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COVER LETTER

TO: Registration Sec Division of Corp			¥
SUBJECT: Mua	mi Elite Li Name of Lim	moline Durvi	as, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Nii	Rzler William Name of Person	Υ
		Firm/Company	
	3563 Will	Road #104 Address	
		Creek - FL 336 City/State and Zip Code	
	E-mail address: (menbes 220 to be used for future annual report noti	hotmail. com
For further information co	oncerning this matter, please ca	all:	
Cristiane Con	rui a Person	at (<u>954</u>) <u>204 -</u> Area Code Daytimo	8605 c Telephone Number
Enclosed is a check for the	e 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, FI, 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Miami Elite Rimosin	Services	LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number 1800948094 .	were filed on 10	122/18	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabi	Senanicia)	LLC or the abbrev	viation "L.L.(<u> </u>
Enter new principal offices address, if applicable:	NA		,	
(Principal office address MUST BE A STREET ADDRESS)			-, (O	
		-	<u> </u>	רד
		7.5	3	
Enter new mailing address, if applicable:	NA		· 😤 [T
(Mailing address MAY BE A POST OFFICE BOX)		¥.		
		:	- <u> </u>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the	name of	the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
		Florida		
	City		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 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>	<u>Address</u>	Type of Action
			Remove
			Change
			D Add
			Remove
			Change
			☐ Remove
		\ <u></u>	Change
			
			Remove
			Change
			□ Add
			Remove
			□ Change
			☐ Remove
			Change

	an sinding this amending document to
<u> </u>	iva milling on the name
77	iva misspelling on the name. Please make sure the word "Limausine" is
- Lt	. 6040
/4-	Hank you Wiirzler, William
	DI TIMO
	- Murzla Willam

(If an effection Note: If t	date, if other than the date of filing: 2\20\20\30 (optional) ive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the recor b) The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated <u>2</u>	2/20/2019 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00