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A. RIVERS APR 19 2023

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: MICH	ELLE SUAREZ LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		MICHELLE YUNIS	
		Name of Person	
		Firm/Company	
	1	1420 N KENDALL DR, STE 207	,
	-	Address	
		MIAMI, FL 33176	
		City/State and Zip Code	
	E-mail address: (michi@kw.com to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
MICHELLE Name	YUNIS of Person	at (<u>786</u>) <u>205</u> Area Code Da	5-1301 ytime Telephone Number
Enclosed is a check for	the following amount:		
∑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHELLE SUAREZ LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appearmited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on	2/22/2019	and assigned
Florida document number <u>L19000052435</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	ere:	
MICHELLE YUNIS LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			. 69
(Principal office address MUST BE A STREET ADDRES	 SS)		2023 SEC
			AR B
			AR I
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			257
			30 71E
			
B. If amending the registered agent and/or registered of	ffice address on our r	ecords, enter the i	name of the new register
agent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Floi	ida street address	
		Florida	
	City	FIOTIGA	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 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
			□Add
			□Change
<u>-</u>			
			□Remove
			□Change
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			∏.Channe

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
•	
(If an efi <u>Note:</u>	ive date, if other than the date of filing:
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	February 10 2023
	Signature of a member or authorized representative of a member
	MICHELLE YUNIS

Typed or printed name of signee