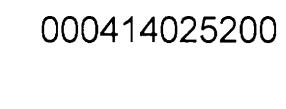
L19000061987

(Requestor's Name)
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COVER LETTER

ro: Registration Se Division of Co			•
	MIRAFA LLC		
SUBJECT:	Name of Lim	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:	
		EDGAR O FAROH JR	
		Name of Person	
		Firm Company	
		2950 GLADES CIR UNIT 19	
		Address	
		WESTON FL 33327	
		City/State and Zip Code	
		'AROHOFFICE@GMAIL.COM to be used for future annual report i	
For further information c	concerning this matter, please c	ali:	
EDGAR FAROILIR		954 349-4	4571
Name o	of Person		time 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
Division of C		Division of C	
P.O. Box 631	27	The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF : : :

MIRAFA LLC 2023 AUG 29 45 7: 26

(<u>Name of the Limited Liability Company :</u> (A Florida Limited Liab	s it now appears on duy Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number L19000061987		03.04/2040	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains t	Company," the design	ation "ELC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)			
-	··· •		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office add	Pace An AHP PACAP	de antor the name	of the new registers
agent and/or the new registered office address here:	icss on our recor	us, enter the hane	or the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	reet address	
		, Florida	
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete peraccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	formance of my wided for in Chap	laties, and Lam far ter 605, F.S. Or, if	niliar with and this document is

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
MGR	EDGAR FAROH	2950 GLADES CIR UNIT 19	
		WESTON FL 33327	
			Thange
			\\ \\ \\ \Add
			∐Remove
			□ □Remove
			Thange
			
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Note: If the	date, if other than the date of date is listed, the date must be she date inserted in this block of seffective date on the Depart	loes not meet the applic	able statutory filing	(optiona ore than 90 days after film g requirements, this day	l) ig.) Pursuant to 605.0207 (3) te will not be listed as the
the record specord is filed.	oecifies a delayed effective dat	e, but not an effective ti	ime, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
Dated	AUGUST 24	2023	<u></u> .		
			0 Mr.		
	Sign	ature of a member or auth	Trad representative	of a member	
		EDGAR FA	KOH JR		