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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor	rporations				
SUBJECT:	MINA EX POST. Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
1/	3/16 NW MIANI E-mail address: 4	Name of Person ICINA ESTORY LC Firm/Company Address Address Address City/State and Zip Code RHCO GHHOO To be used for future annual report notified. all: at (516) 943 - Area Code Daytime	Com_ fication)	2022 AUG -5 AM 8: 43 SECRETARY OF STATE TALLAHASSEE. FL	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	(\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Addres		Street Address:	stion		

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

· TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number	where filed on $\frac{7/24/2622}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3116 NW 55 1 pt
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, Fl 33/42
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	126 JUSTX ROL ELMONT, NY 1/003
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: JG	AN N. Fleury TE
New Registered Office Address: 3116 A	IW 5311 ST ED 1
<u>Mint</u>	Enter Florida street address 11 City Florida City
New Registered Agent's Signature, if changing Registered Agent:	, <u>m</u> ω

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
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l'Mantiva data if	other than the dat	o of filings			(an	tional)		
If an effective date is Note: If the date i	listed, the date must be s nserted in this block over the Depart	specific and cann does not meet t	the applicable		re than 90 days af	ter filing.) Pursu		
ne record specifies a ord is filed.	delayed effective dat	e, but not an el	ffective time,	at 12:01 a.m. o	n the earlier of:	(b) The 90th	day afte	er the
Dated								
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