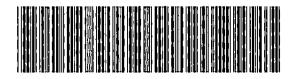
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(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	٦
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4/23/21

			COVER LETTER	
	egistration Sc vision of Cor			
	MIOCHY "	FOWING LLC		
SUBJECT:			ated Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		ALEX LARACUENTE		
			Name of Person	
		MIOCHY TOWING LLC		
			Firm/Company	
		1113 LUCAYA CIR		
			Address	
		ORLANDO FL 32824		
			City/State and Zip Code	 _
		LRACUENTEALEX39@G	MAIL.COM to be used for future annual report note	Tentran i
For further	information c	oncerning this matter, please c	•	nearons
	RACUENTE		407 403-3430	
		· · · · · · · · · · · · · · · · · · ·	at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
⊋ \$25,00	Filing Fee	[7] \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	uiling Addres		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor		
P.O. Box 6327		The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F	ability Company as it now appears o orida Limited Liability Company)	n gur records.)			
The Articles of Organization for this Limited Liabili Florida document number		-2019 and assigned			
This amendment is submitted to amend the followin	ñ:				
A. If amending name, enter the new name of the	limited liability company here	:			
EL K BRICHE PERFORMANCES LLC					
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	guation "LLC" or the abbreviation "L.L.C"	_		
Enter new principal offices address, if applicable	:		_		
(Principal office address MUST BE A STREET A)	DDRESS)		_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	O lered office address on our reco re:		SECRETALY OF STATE TALLARASSEE, FL	2021 SEP -9 PM 3: 04	
	Enter Florula	street address			
_		. Florida Zin Code	_		
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

MIOCHY TOWING LLC

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

Title	<u>Name</u>	Address	Type of Action
			CiRemove
			[]Change
			🗆 Add
			□Remove
			☐ Change
			
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			□ □Change
			SSST PH T
			-9 PH 3: 04
			DAdd
			©Remove
			□Change
			🖸 Add
			□Remove
			□ Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(It an eft <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ient's effective date on the Department of State's records.	.0207 (3xhi) 75 ed as the	F 3: 04
If the recor	ad specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after led.		
Dated	SEPTEMBER 02 20c1 Low Low		
	Signature of a member or authorized representative of a member		
	ALEX LARACUENTE		

Filing Fee: \$25.00

Typed or printed name of signee