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04/25/22--01033--013 ++25.00

DIVISION OF CORPORATION

T. MATTHEWS

JUN 16 2022

COVER LETTER

TO:

TO: Registration So Division of Cor				
Mila Mila I SUBJECT:	LLC.			
SUBJECT:	Name of Limited 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:		
	REINIER YERO			
		Name of Person		
	MILA MILA LLC			
		Firm/Company		
	10391 SW 56 TERR			
		Address		
	MIAMI, FLORIDA, 3317.	3		
		City/State and Zip Code		
	admin@milamila.com			
For further information c	rmail address: (concerning this matter, please c	to be used for future annual report not all:	mication)	
REINIER YERO		786 348-8230		
Name o	of Person	Area Code Daytir	ne 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)	
Mailing Address Registration		<u>Street Address:</u> Registration So	ection	
Registration Section Division of Corporations		•	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee,	rl 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SECRETARY OF STATE DIVISION OF CORPORATIONS

Mila Mila LLC

22 APR 25 PM 3: 15

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number 1.19(00)148450	iability Company	were filed on $\frac{06/04/20}{}$	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	10391 SW 56 TERR	
(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 a		MIAMI, FL 33173	
		MIAMI, FL 33173	
agent and/or the new registered office addre			
	10201 097 57 7		
New Registered Office Address:	10391 SW 56 T	Enter Florida str	eet address
	MIAMI		Florida 33173
		City	Zip Code
Non Degistard Agent's Signature if shoreing	Dumintomad Anomer		

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
MGR	DANIEL A. GUILLEN	10391 SW 56 TERR	
		MIAMI, FL 33173	■Remove
			□Change
MGR	THE MIAMI NETWORK LLC	3280 SW 127 AVE	∃ Add
		MIAMI FL 33175	□Remove
			Change
			
		-	□Remove
			□Change
			□Remove
			Change
			□Add
		·	□Remove
			□Change
			□Add
			□Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an c Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	
	Signature of authorized representative of a member
	DANIEL A. GUILLEN

Filing Fee: \$25.00