LIGOCC NOIZOS

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT:	Michu's	LLC		
	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:		
	Guille	rmo Pierdominichi Name of Person		
	<u> </u>	Name of Person		
	M	idno's LLC		
		Firm/Company		
	02.4			
	411	Tulip Cir. Address		
		Additss		
	Weston	n. Fl. 33327		
		City/State and Zip Code		
	valeria_y	andet Q yahoo. com to be used for future annual report notif		T ()
	E-mail address. (to be used for future annual report notif	fication)	105 104 104 104 105 105 105 105 105 105 105 105 105 105
For further information co	oncerning this matter, please ca	ali:		TE CONTRACT
Valena	Yandet FPerson	at()95Y &	8010	PH 5: 35
Name of	f Person		2 Telephone Number	5 44
				ATIONS 35
Enclosed is a check for th	ne following amount:			0,
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- ·	chu's LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears of la Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability t	Company were filed on	june 19 2019	and assigned
Florida document number 117000 1612 08	·	·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	:	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the design	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			- 3
			8 6
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		·	
3. If amending the registered agent and/or regi	stered office address on o	ur records, enter th	بر المجاهدة
egistered agent and/or the new registered office add		,	<i>ن</i>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	<u> </u>
	***************************************	, Florida	
	City		Zip Code

iew 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>	Address	Type of Action
MGR	Maria Valena Yandet	971. TUlip Cir. Weston. FL 33327	XAdd
			□ Remove
			Change
			D Add
			Remove
			☐ Change
.			
			Remove
			🗆 Change
			□ Add
			🗆 Remove
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			🗆 Remove
			D Change
			□ Add
			_□ Remove
			_□ Change

	
	
n effecti ote: If t	date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
The 90	October 7, 2019.
The 90	

D.

E.

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Filing Fee: \$25.00