L19000163857

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

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|--|---|--------------------|
| SURJECT: M | ishler Group Name of Lin | LLC. | | |
| 30b3EC1 | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sul | hmitted for filing | | |
| | | _ | | |
| Please return all correspo | ondence concerning this matter | r to the following: | | |
| | Diego | Name of Person | | |
| | | Name of Person | | |
| | | | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
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| | E-mail address: | (to be used for future annual report notifi | cation) | ű. |
| For further information of | concerning this matter, please of | call: | | 74 × 52 |
| Diego Mi | shler | at (<u>305</u>) 978 Area Code Daytime | - 3306 | - 01 :01 :44 |
| Name o | of Person | Area Code Daytime | Telephone Number | 2. |
| 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) | S60.00 Filing F Certificate of S Certified Copy (additional copy is | Status & |
| Mailing Addres | <u>ss:</u> | <u>Street Address:</u> | | |
| Registration | | Registration Sect | | |
| Division of C | Comparations | Division of Com | oentions | |

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mishler Goup | LLC | 5 50 |
|---|---|--------------------------|
| (Name of the Limited Liability C | Company as it now appears on our records.) mited Liability Company) | |
| | , | |
| The Articles of Organization for this Limited Liability Com | (/2///9 | and assigned |
| The Articles of Organization for this Limited Liability Com | pany were filed on | and assigned |
| Florida document number <u>L 1900016 385 7</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company "the designation "LLC" or the a | abbreviation "LLC" |
| Zinite | Zinomy Company, the designation Zize of the | moleviation E.E.C. |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Tice address on our records, <u>enter the nat</u> | ne of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | | |
| - | , Florida | Zin Code |
| | Cirv | zip Code |

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 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> | Name | <u>Address</u> | Type of Action |
|--------------|-----------------|---------------------------------------|----------------|
| President | Diego Mishler | 3077 NN 7/51 AVE | □Add |
| | | Margate FL 33063 | □Remove |
| <u>AMB</u> R | | | & Change |
| | colleen Mishler | 3077 NW FIST AUR | 🗆 Add |
| | | Margate FL 33063 | □Remove |
| | | | |
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| imen | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| reffec <u>te:</u> If | e date, if other than the date of filing: |
| cord : | 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 l. |
| ted | October 8th 2020 |
| | |
| | Signature of a member or authorized representative of a member |
| | Diego Mishlor |
| | Typed or printed name of signee |