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(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

SUBJECT: M;	a Mi Art Name of Limi	Dealers L  ned Liability Company	L.C.
	Name of Limi	еса Главину Сотралу	I I
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	AiDA	Mikir TYCH	leva
	Migni	Art Deal	ers LLC
	1051	Silverbell S	<u>,+</u>
	Mollyn	City/State and Zip Code	33019
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca		
410A Miki	RTY CHEVA_ Terson	at $(954)$ 26 C	S890 Telephone Number
Enclosed is a check for the	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
Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

## TO ARTICLES OF ORGANIZATION OF

MigMi Al (Name of the Limited	A De	a les S y as it now appear	s on our records.	
The Articles of Organization for this Limited Liah Florida document number <u>L / 9 000</u>	bility Company v	vere filed on		and a
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabil	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the de	esignation "LLC" or th	ne abbreviation "l
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			<u>5</u> 20
				9 SEP
				- [P] - Ξτ: - ω
Enter new mailing address, if applicable:		<del></del>		2 0
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			· ·
				6: 2
B. If amending the registered agent and/or registered agent and/or the new registered offic	***		our records, <u>en</u>	ter the name
Name of New Registered Agent:				· <del></del>
New Registered Office Address:			<del> </del>	
		Enter Flor	ida street address	
	<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	nistered Agent:	ÇiŅ		Eq. Cita
I hereby accept the appointment as registered or provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	agent and agree and complete p red agent as pr gistered office a	erformance of . covided for in C	my duties, and La hapter 605, F.S.	ım familia <mark>r</mark> wit Or, if this docu
	If Chang	ing Registered Ag	ent, <u>Signature of New</u>	v Registered Agen

MGR = M $AMBR = A$	lanager uthorized M	ember			
<u>Title</u>	<u>Name</u>		Address		Type
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(If an eff Note:	ive date, if other than the date of filing: \$\frac{9}{25} \frac{2019}{2019}\$ (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.) Pursua  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	nt to 60
	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the 90th day after the record is filed.	e earli
Dated	9/25/2019	
	Signature of a member or authorized representative of a member	
	AIDA MIKIRTYCHEVA Typed or printed name of signee	<u> </u>
	D 2 62	

Page 3 of 3

Filing Fee: \$25.00