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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporation	
	Mich + Dict I CC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Art	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Murica Carractegui Name of Person
	Ecauty by Mig 110
	4939 Luce Road
	City/State and Zip Code
	& Myrna @ paulty by nug. com
•	E-mail address: (to be used for future annual report notification)
For further information con-	terning this matter, please call:
- My na C-	crison Area Code Daytime Telephone Number
Name of Pe	Area Code Daynine (Cicprone Funder
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certificate of Status  Certified Copy tadditional copy is enclosed)  □ \$60,00 Filing Fee.  Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

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

Mirt - Dirt	uc	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\bot 2000005940$	were filed on $1 \rightarrow \frac{ 3 }{20 }$	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words. Limited Liability	ig IIC	breviation "L.IC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1989 US Highway	175
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4939 Luce Road Valcoland Fl	<u>d</u> 33813
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:  New Registered Office Address:	No changes	75.
	Enter Florida street address , Florida	711
Now Degistered Agent's Signature if changing Degistered Agent.	City	Zip Code ・・ つう C

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>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		
			□Remove
			□Change
			□Add
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ffect	ive date, if other than the date of filing:
an eff ofe:	ective 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 605,0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of State's records.
recor	d 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
is fil	ed.
	<u> Charles 1940</u> , <u>3031</u> ,
ated	
	Signature of a member of authorized representative of a member
	Signature of a memori of authorized representative of a memoer
	<b>3</b>
	Typed or printed name of signee

Filing Fee: \$25.00