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COVER LETTER

TO:

Registration Section
Division of Corporations

over ver our	Carlos Miranda RE, L	, LC	
SUBJECT: 4 .		ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
		Carlos Miranda	
		Name of Person	
	Carlos Miranda		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	9297	Glenforest Dr	
		Address	
	Naples FL34120		
	miraruiz.17@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	titication)
For further information of	concerning this matter, please c	all:	
Carlos Miranda		239 272-4844	
Name o	of Person	at ()	me 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARLOS MIRANDA RE, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconnited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		78
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		PH 5.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	e.55
	, F	Torida
	City	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS MIRANDA	9297 GLENFOREST DR	
		NAPLES FL 34120	□Remove
			tremove
			□Change
			□Remove
			[□Add
			□Remove
			□Change
	····-		□Add
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Effectiv	e date, if other than the	e date of fili	ng:			(optional)	
voic: n	tive date is listed, the date m the date inserted in this at's effective date on the	block does not	t meet the applica	adie statutory	g or more than 90 stilling requirer	days after filing nents, this date	g.) Pursuant to 605 c will not be liste	i.0207 ed as
e record: d is filed	specifies a delayed effect i.	ive date, but n	ot an effective ti	me, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after	r the
ŕ	APRIL 23		2020					
Dated _			9-6	- /	1			
					1			
		Signature of	a member or autho	orized represer	ntative of a memb	эст		
	CARLOS MIRANDA				•			

Filing Fee: \$25.00