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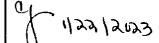




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COVER LETTER

Registration Section Division of Corporations

Mimiron I JECT:	J.C.			•
- · · - · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company		
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	Csaba Egerszegi			
		Name of Person		
	Mimiron LLC			
		Firm/Company		
	6608 Bowline drive			
		Address		
	Sarasota/Florida/34231			
		City/State and Zip Code		
	ecsm_sw@hotmail.com			
	E-mail address: (to be used for future annual report not	ification)	
further information o	concerning this matter, please c	ali:		
ıba Egerszegi		941 5241236 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
losed is a check for the	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 Certificate o Certified Co (additional cop	f Status &

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mimiron LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 03/25/2020 ida document number 1.20000089722 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: 'inci Estates LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NΛ er new principal offices address, if applicable: NA ncipal office address MUST BE A STREET ADDRESS) NA NA er new mailing address, if applicable: NA illing address MAY BE A POST OFFICE BOX) NA If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: NA Name of New Registered Agent:

v Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

City

NΛ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

= Manager R = Authoriz	zed Member		
<u>Nai</u>	<u>me</u>	Address	Type of Action
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			□Remove
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Page 2 of 3

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tive date, if other th	nan the date of filing: _			(optional) 00 days after filing.) Pursuant t	(05 02 02 03
ffective date is listed, the If the date inserted it	date must be specific and can not this block does not meet	not be prior to date o the applicable sta	I filing or more than S tutory filing require	20 days after filing.) Pursuant te ements, this date will not b	o 605.0207 (3 e listed as th
ment's effective date of	on the Department of State	's records.			
		e, but not an e	ffective time, at	t 12:01 a.m. on the e	arlier of:
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Csaba Egerszeg	i				
	Tvr	oed or printed name	of signee		_

Page 3 of 3