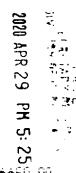
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(Requestor's Name)
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COVER LETTER

	Registration Secti Division of Corpo			
SUBJEC	Т:	J Mi Che L Name of Limi	ited Liability Company	
The enclo	osed Articles of Ar	nendment and fcc(s) are sub	mitted for filing.	
Please ret	urn all correspond	lence concerning this matter	to the following:	
		Branda Ci	nelia Bonami Name of Person	
		Jmich	E LLC Firm/Company	
		4805 Esed	ra Court Address	
			n Florida 33 City/State and Zip Code ing a gmail Cor to be used for future annual report notifi	
For further	er information con	cerning this matter, please ca	all:	
Bran	Marne of P	onami erson	at (501) 921 (500) Daytime	7045 e Telephone Number
Enclosed	is a check for the	following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

(Name of the Limited Liability Com (A Florida Limite	pany as it no d Liability C	ow appears on o ompany)	u <u>r records.</u>)		
The Articles of Organization for this Limited Liability Compar Florida document number L2000101940	ny were file	ed on <u>Apri</u>	1 13, 202	AD and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lin	ability com	pany here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Compa	any," the designa	ion "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applicable:				202	<u> </u>
Principal office address MUST BE A STREET ADDRESS)				c∃ >>	- 57
				 	33.7
				9	عاقت د د کردو
Enter new mailing address, if applicable:				골	
Mailing address MAY BE A POST OFFICE BOX)		 		2: 2:	<u> </u>
			 	<u> </u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: David		on our record		ame of the ne	w registe
_				~! 206	
New Registered Office Address: 804 5		indWard Enter Florida str		pt 305	
Lant	ana		, Florida	3346	2
	City			Zip Code	

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 Changing Registered Agent, Signature of New Registered Agent

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	Address	Type of Action
AMBR	Branda Cinetia Bonami	4805 Esedra Court	ISAdd
		Lake Worth FL, 33467	□Remove
			□Change
AMBR	Daviditunter Smith III	804 East Windward	□Add
		Way Apt 305 Lantana	□Remove
		FL, 33402	\(\sum_{\text{hange}}\)
	 ,		□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	 		□Add
			□ Remove

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effective <u>e:</u> If the	late, if other than the date of filing:	
ord spec filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after th
:d	April 27 . 2020.	
-	April 27, 2020. Brancu Bonanic Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	