

L200000110097

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Handwritten signature: *Albritton*

FEB 17 2021  
ALBRITTON

**Sunshine State Corporate Compliance Company**

+ 3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 02/11/2021

**\*\*WALK IN\*\***

ENTITY NAME MICOUR, LLC

DOCUMENT NUMBER L20000110097

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*\*\*WALK IN\*\**

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2021

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312

SUBJECT: MICOUR LLC  
Ref. Number: L20000110097

**CORRECTED**  
**Please Allow For**  
**Same File Date**

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 921A00003203

2021 FEB 15 PM 1:21

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

MiCouR LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/22/2020 and assigned  
Florida document number L20000110097.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2386 Grand Poplar St

Ocoee, FL 34761

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2386 Grand Poplar St

Ocoee, FL 34761

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City

Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Onore	2386 Grand Poplar St	<input checked="" type="checkbox"/> Add
		Ocoee, FL 34761	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Petit	2417 savoy drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JoAnne Gabriel	7044 Cardinalwood Street	<input type="checkbox"/> Add
		Orlando, FL 32818-5251	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eddy Micourt	7044 Cardinalwood Street	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Josh Micourt	7044 Cardinalwood Street	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

/s/ Jonathan Petit  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**