LZD 000 176139

(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Dawn Alburtan)
(Document Number)
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2020 DEC -7 AM 9: 12

1/20/21

COVER LETTER

Division of Cor	porations		
SUBJECT: MT	ami Online	Services, LLC	
	Name of Limi	ited Liability Company	 .
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alies	Ki Sarmieut Name of Person	0
	Miami Do	Firm/Company	, <u>LLC</u>
	9346	$W 33^{rd} W$ Address	aif
	Hial	City State and Zip Code	18
	alies Ki Sar	City State and Zip Code Mieuto Omail. to be used for future samual report notif	COM
For further information c	oncerning this matter, please or	V	
Alieski S	ar mileuto (Person	at (<u>305</u>) <u>505</u> - Area Code Daytime	- 4868 e Telephone Number
Enclosed is a check for the	ne following amount:		
₹ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Craffield Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)

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

Miami Unline S	ervice	25 , LL	\mathcal{C}				
(Name of the Limited Li (A F	i <mark>ability Compa</mark> lorida Limited I	ny as it now aj Liability Compa	pears on our	records.)			
The Articles of Organization for this Limited Liabil Florida document number <u>L200001761</u> 34	ity Company	were filed or	, 6/2	24/202	20	and as	signed
This amendment is submitted to amend the following	ıg:						
A. If amending name, enter the new name of the	limited liab	ility compan	y here:				
The new name must be distinguishable and commit the words	"Limited Liabi	lity Company."	the designation	on "LLC" or th	ne abbrev	iation "I	LL.C."
Enter new principal offices address, if applicable	:						
(Principal office address MUST BE A STREET A	DDRESS)					2020	
Enter new mailing address, if applicable:						DEC - 7 A	
(Mailing address MAY BE A POST OFFICE BOX	<u>()</u>					<u>宝</u>	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on o	ur records.	enter the r	iame of	2	
Name of New Registered Agent:	Ali	esKi 16 W	Sar	mienti	0_1	10	Change
New Registered Office Address:	934	16 W	33rd	War	<u> </u>		
_		aleah Civ	r Florida stre£	t address , Florida	3	30 1	[8

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

Title	<u>Name</u>	Address	Type of Action
MGR	Alieski Sarmiento	9346 w 33rd Way Hialeah, FL 33018	🗆 Add
		111 algume / + 2 200 18	□Remove
			Change
			= Add
			□Remove
			□Change
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			□ Change
			= Add
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			□Remove
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-	·		\(\to \) Add
			□Remove
			— (3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ſ
In requesting to angual the title for Authorize	9
In regresting to amond the fitle for Authoriza Person (myself) from CEO to MGR	
E. Effective date, if other than the date of filing:	
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 record is filed.	the
Dated December 1st 2020	
Signature of a member of authorized representative of a member	
AliesKi Sarmieuto	
Typed or printed name of signee	

Filing Fee: \$25.00