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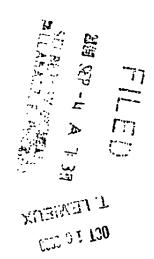
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | • |
|----------------|--------------------------------------|--|---|--|
| SUBJI | ECT: | · · · · · · · · · · · · · · · · · · · | MIGMULL | |
| The en | nclosed Articles of A | mendment and fec(s) are sub- | mitted for filing. | |
| Please | return all correspon | dence concerning this matter | to the following: | |
| | | <u> Kenia</u> | De Armas Santo | <u>anq</u> |
| | | | is Miami LLC Firm/Company | |
| | | <u>8861 S</u> | W 142 NO AVE A | PT 924 |
| | | Mia | City/State and Zip Code | |
| | | Tennis E-mail address: (1 | miami @ Yahoo. C | OH (Heation) |
| For fur | rther information co | ncerning this matter, please ca | all: | |
| | Henia De Name of | Armas Santar | Area Code Daytin | - 9986 ne Telephone Number |
| Enclos | sed is a check for the | following amount: | | |
| 1 2 \$2 | 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 Address: | | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

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

| lennis Illiami | | | |
|---|---|--|------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appear liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000212433</u> . | were filed on | 7-20-2020 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | ere: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the d | lesignation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | ecords, enter the name o | f the new registered |
| | Cuv | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | ee to act in this performance of | capacity. I further agree my dutics, and I am fam | to comply with the illiar with and |
| accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office 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> | Address | Type of Action |
|--------------|-------------------------|---|-------------------|
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| reffective da <u>te:</u> If the d | ate is listed, the date late inserted in thi | | d cannot be prior to meet the applical | odate of tiling or mobile statutory filing | ore than 90 days af | | |
| cord specil s filed. | fies a delayed effe | etive date, but no | t an effective tim | ne, at 12:01 a.m. o | on the earlier of: | (b) The 90th da | y after the |
| | 8-27 | | . 2020 | - | | | |
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| red | · · · · · · · · · · · · · · · · · · · | Simatura of a | member or author | ized representative | of a mombor | | |

Filing Fee: \$25.00