## L2000 235913

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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
our inc	MIRACLE	B LLC				
SUBJEC	TT:	Name of Lim	ited Liability Company	<del> </del>		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please rea	turn all correspo	ndence concerning this matter	to the following:			
		Yessika Boada Hung				
			Name of Person	<del></del>		
		MIRACLE B LLC				
			Firm/Company			
		14361 SW 71 LN MIAMI	, FL 33183			
			Address			
		Miami / FL / 33183				
			City/State and Zip Code			
		yessikaboada 1988@gmail.c				
r e .1			to be used for future annual report no	tilication)		
ror turin	er intormation of	oncerning this matter, please of	ali;			
Yessika Boada Hung		786 720-8472 at ( )				
	Name o	Person		me Telephone Number		
Enclosed	is a check for th	c following amount:				
25,0	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 S	ection			
Registration Section Division of Corporations			Division of Co			
	P.O. Box 632	7	The Centre of	The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monr	oe Street, Suite 810		

Taliahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2339 N 1 25 171 7: 36

(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 08/05/2020 and assigned Florida document number  $\_L20000235913$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

Zip Code

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	经对别的25 25 7:38	Type of Action
AMBR	Yessika Boada Hung	11010 SW 125	ST Miami FL 33176	<b>=</b> Add
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cument's effective a	ate on the Department of	State's records.			
record specifies a dela	ayed effective date, but no	ot an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90th d	lay after the
is filed.				. ,	-
08/19/2020					
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