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COVER LETTER

TO: Registration Se Division of Cor				
MICHEY T	TUR, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MIGUEL A MERCEDES	UBIERA		
		Name of Person		
	MICHEY TOURIST. LLC	:		
		Firm/Company	· 	
	3420 FOXCROFT ROAD	No 201		
•		Address	·	
•	MIRAMAR, FL 33025			
		City/State and Zip Code		
	negociolatino@aol.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	all:		
MIGUEL A MERCEDE	S UBIERA	786 720-9000 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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		<u>Street Address:</u> Registration So	ection	
Division of Corporations		-	Division of Corporations	
P.O. Box 632	•		The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• MICHEY TOURIST, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Liabilit	any were filed on 08/14/2020	and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MICHEY TOURS, LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" o	r the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:	N.A	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new re
Name of New Registered Agent:		REPORT
New Registered Office Address:	11.51	PH D
	Enter Florida street address	<u> </u>
	, Flori	ida 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 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	<u>Address</u>	Type of Action
	N/A		□Add
•			□Remove
			□Remove
			Change
			□Remove
*			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Add
•			Remove
			□ Change

feetive date, if other than the date of filing:		NONE
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