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DocuSign Envelope ID: B8988F32-F3FE-45BB-9C1B-63ACCF4E6E70 **COVER LETTER** Registration Section TO: **Division of Corporations** MIAMI TAN LLC **SUBJECT:** Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **KATHY NAVARRO** Name of Person MIAMI TAN LLC Firm/Company 3131 NE 1ST AVE, 1005 Address MIAMI, FL 33137 City/State and Zip Code THEMIAMITAN@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **KATHY NAVARRO** 774-3944 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI TAN LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	v appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number L20000278734	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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)	
	事 3 · · · · ·
B. If amending the registered agent and/or registered office address or	5 m
agent and/or the new registered office address here:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	
Name of New Registered Agent.	5m 60
New Registered Office Address:	
E	nter Florida street address
	, Florida
City	Zin 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.

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11 amending Authorized rerson(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>	Type of Action
MGRM	MARIA A. NORIEGA	10013 SW 162ND PL	
		MIAMI, FL 33196	🗏 Remove
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			□Add
			□Remove
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ited _	OCTOBER 4	_ -	,	2020	<u></u> .		gned by: Nawanyo CEOD7804F4		
				ember or auth			í n	cuSigned by:	