L20000286179

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16/65/20--01016--607 **25.00

COVER LETTER

TO: Registration Section Division of Corporations							
MEAMI SHOE KIDS LLC							
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	YVETTE PEREZ						
		Name of Person					
	MIAMI SHOE KIDS LLC						
Firm/Company							
	11991 SW 150 PLACE						
		Address					
	MIAMI, FLORIDA 33196	S	•				
		City/State and Zip Code					
	MIAMISHOEKIDS@GMA	AIL.COM to be used for future annual report noti	lication)				
For further information c	oncerning this matter, please ca	•	neation)				
YVETTE PEREZ		305 401-3106					
Name o	f Person	Area Code Daytim	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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Registration	Section	Street Address: Registration Sec					
Division of Corporations		Division of Corporations					

P.O. Box 6327

Tallahassee, FL 32314

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 SHOE KIDS LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	_
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1.20000286179}{1.20000286179}$	ere filed on <u>09/14/2020</u> and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty 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)		202
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adores here:	dress on our records, <u>enter the name of the</u>	new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City Zip Ce	xle

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

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	YVETTE PEREZ	11991 SW 150 PL	■Add
		MIAMI, FL. 33196	□Remove
			□Change
			□Add
			□Remove
			□ Change FIL
			□ Becmove □ Becmove □ Change
			☐Add
		 	□Remove
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 the record is filed. Dated ____ 2020 Signature of a member or authorized representative of a member YYÉTTE PEREZ

Filing Fee: \$25.00

Typed or printed name of signee