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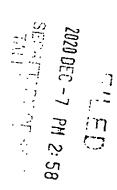
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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JA.
1/19/21

COVER LETTER

SUBJECT:			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JEAN MIRACLE		
		Name of Person	
	VIERGE MIRACLE SOD	O BOTANICA LLC	
		Firm/Company	
	1271 NW 31ST AVENUE		
		Address	
	LAUDERHILL FL 33311		
		City/State and Zip Code	· ·
	WOODSON_MIRACLE@		
	E-mail address: (to be used for future annual report notifi	ication)
For further informatio	n concerning this matter, please c	all:	
JEAN MIRACLE		954 871-7278 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fce	□ \$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 Add	ress:	Street Address:	

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

TO:

Registration Section Division of Corporations

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

VIERGE MIRACLE SODO BOTANICA LLC			
(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	rs on our records.)		
he Articles of Organization for this Limited Liability Company were filed on 9/2	23/2020	_ and a	ssigned
lorida document number L20000300650			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company he	ere:		
<u> </u>	· 		
ne new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbre	viation "	L.L.C."
	<u>.</u>		
nter new principal offices address, if applicable:	:n	- 22	•
Principal office address MUST BE A STREET ADDRESS)		2020 DE	
		贸	
		1	**: *** (
nter new mailing address, if applicable:		7	lli.
		II.	Ö
Mailing address MAY BE A POST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·	_ ਲ _	*****
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New Registered Agent's Signature, if changing Registered Agent:

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 eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

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>	Name	Address	Type of Action
MGR	JEAN MIRACLE	1271 NW 31ST AVENUE	= Add
		LAUDERHILL FL 33311	□Remove
			□ Change
MGR FREDLINE MIGUEL	FREDLINE MIGUEL		≅Add
			□Remove
			□ Change
			
			Change
			□Add
			□Remove
			□Change
			□ Remove
			□Add
			□Remove
			□Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eft <u>Note:</u>	(optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor d is fi	d 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 ed.
Dated	11-20-21
	MAN
	Sugnature of a member or authorized representative of a member
	(FAC) (1) MiPARIO
	Typed or printed name of signce