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COVER LETTER

TO: Registration Se Division of Cor			3
SUBJECT:	Cali Fashia Name of Lim	MICMI ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Fairn Hari	Name of Person	
	·	Firm/Company	
	6790 SW	1770 Street	
	Lliami, FL:	City/State and Zip Code O YOM To be used for future annual report noti	
For further information co	oncerning this matter, please of		neation)
FOLCA PCO Name o	f Person	at (2005) 2003 - 5 Area Code Daytim	131 e Telephone Number
Enclosed is a check for th	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 Addres	s·	Stroot Address	

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

Street Address: 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

(Name of the Limited L	ability Company as it now appears on or orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L 2 0000 393</u>	· · ·	12/2020 and assigned
This amendment is submitted to amend the following	g:	
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 designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables (Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
_		, Florida
	City	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
		 	□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove

□ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	we date, if other than the date of filing: 3/35/3002 (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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
e record ord is fil	I 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 .	March 25 . 2000. Gaikh m. Augu
	Signature of a member or authorized representative of a member
	FUON M POUCO. Typed or printed name of signee

Filing Fee: \$25.00