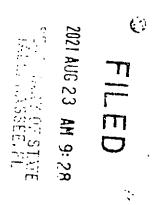
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer	
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08/23/21--01013--016 \*\*25.00





#### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ilon LLC	ı	•
SOBJECT.	Name of Limite	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.	
Please return all corresp	oondence concerning this matter to	the following:	
		Chaves  Name of Person  Solutions as  Firm-Company	1 Hare Coop
		Firm-Company	· ·
	2820 Michig	Address	
	Kissimme	EFL 347 Cify/State and Zip Code	<u>                                      </u>
	rapidtax FL. @ E-mail address: (to	be used for future annual report notifi	cation)
For further information	concerning this matter, please call	1:	
Martha Name	OrayeS of Person	at ( <u>407</u> ) <u>4150</u> Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

- MITCOD CLC		<del></del>
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>18.</u> )
The Articles of Organization for this Limited Liability Com Florida document number <u>し2006 0 35024</u> [.	pany were filed on 11 10 41	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
N/A		
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:	NIA	
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	FIL AUG 23
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, enter	the name of the new registere
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street addre	22.
		lorida
	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
AMBR	Wilfredo Lopez	2317 Flamingo Lakes Dr	
		Kissimmee, FL 3 743	Remove
			□Change
AMBR	Verginia Noheli Lopez Diaz	2317 Flamingo LaKer Dr	🗹 Add
	cope e Oice	Kissimmee, FL 34743	.3 □Remove
			□Change
			□Add
			□Remove
			□Change
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			🗆 Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change

II AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dateo	August 17th, 2021. Signature of a member or authorized representative of a member
	Mortha Chaves Typed or printed name of signee

E. C. ...