

L20 000 351899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

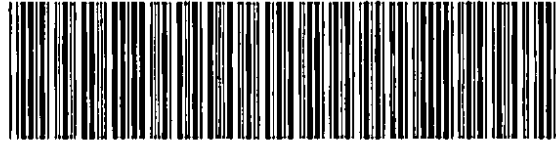
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miotti Management Company, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Chuck
Name of Person

Miotti Management Company, LLC
Firm/Company

10922 Crescent Ridge Loop
Address

Clermont, FL 34711
City/State and Zip Code

Sandra @ miottipartnerscapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Chuck at (407) 622 9939
Name of Person 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
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**

Miothi Management Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
PH 628
DEC 14 2020

The Articles of Organization for this Limited Liability Company were filed on 11/05/2020 and assigned Florida document number L20000351899.

This amendment is submitted to amend the following:

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 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Live Life Dynasty, LLC	10922 Crescent Ridge Loop	<input type="checkbox"/> Add
		Clermont FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Camel Up, LLC	4293 River Birch Drive	<input type="checkbox"/> Add
		Spring Hill FL 34607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Collective Management, LLC	4046 N. Goldenrod Rd., Ste 232	<input type="checkbox"/> Add
		Winter Park FL 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIELKWAHOLDINGS, LLC	35721 West Ave, Ste 100	<input type="checkbox"/> Add
		Warrenville IL 60555	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AAA Premier Solutions, LLC	4530 S. Orange Blossom Trail	<input type="checkbox"/> Add
		Suite 544	<input checked="" type="checkbox"/> Remove
		Orlando FL 32839	<input type="checkbox"/> Change
AMBR	William's Holdings, LLC	961 Denny Road	<input type="checkbox"/> Add
		Sugar Grove IL 60554	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Miothi Partners Capital, LLC	4293 River Birch Dr.	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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