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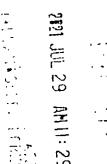
(Requestor's Name)					
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(Document Number)					
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

то:	FO: Registration Section Division of Corporations						
SHRIF	cr. Mo	del Minxx LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	•						
•		Jasmin s	.orer				
			Name of Person				
		•	 .				
			Firm/Company				
		1 (15 %)= (715t c-1				
		695 NE 8	Address				
		Miami	FL 33138				
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
				i report nonneadony			
For furt	her information cor	scerning this matter, please ca	III;				
	Jasmin	Soler	a. 786,	C57 C314 Daytime Telephone			
Name of Person			Area Code	Daytime Telephone l	Number		
Enclose	ed is a check for the	following amount:					
[⊒ \$2.5	5.00 Filing Fcc	☐ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee	e & □ \$6	0,00 Filing Fcc,		
		Certificate of Status	Certified Copy (additional copy is a		ertificate of Status & ertified Copy		
			(additional copy is c		Iditional copy is enclosed)		
*							
	Mailing Address:			Address: tration Section			
Registration Section Division of Corporations		Division of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Model Mirixx LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)				
The Articles of Organization for this Limited Liability Company w Florida document number 12100032593	1/14/21				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	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:	695 NE 815 ST				
(Principal office address MUST BE A STREET ADDRESS)	MIami, FL 35138				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 35138 20 1095 NE 815 57 57 28 28				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:					
Name of New Registered Agent: New Registered Office Address: Vasmin Soler					
New Registered Office Address: 695	NE 81st ST				
MIQMI Florida 33138 City Zip Code					
	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe					

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>	Name	Address	Type of Action
			Пенюче
			Change
			□Add
			Петюче
			□Change
			□Remove
			Change
			JE Add
			Remove
			Remove 29
			□ Add
			□Remove
			Change
			□Remove
			□ Change

Typed or printed name of signee