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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MIRANDA Undertaking Services LLC 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:
Heli J. Miranda Aguirre Name of Person
Firm/Company
4222 PALAU DR
SARASTA FL 34241 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heli J. Miranda Mayirre at (941) 323-3962  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution

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**

Miranda Unde	rtaking S	ervices L	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now/appea ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	2/09/21	and assigned
Florida document number <u>L2\00006933\</u> .		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
MIRANDA SRQ SERVICE	es llc		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- <del> </del>
THICIPAL OFFICE MALIFEST MOST BE A STREET ADDRESS)	22.° 22. F		
			高 第二十二
Enter new mailing address, if applicable:			10 a -d
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
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B. If amending the registered agent and/or registered off	ice address on our r	ecords, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	<b></b>	, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		

## 1

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:

or removed	from our records:		
MGR = M $AMBR = A$	lanager uthorized Member		
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					)1 a.m. on the	earlier of: (b)	The 90th day	y after the
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record specifies at is filed.	prior	26	. 20 <sup>-</sup>	27_				

Filing Fee: \$25.00