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OF CORPORATION OF STATE OF STATE OF CORPORATION

COVER LETTER

	ation Sec n of Corp	ction porations		
SUBJECT:	Mi	scellaneous G	roup L.L.C	
	,	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of <i>E</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspoi	idence concerning this matter	to the following:	
		Edward	Quiceno	
			Altomork Springs, F1 32+14 City/State and Zip Code E-mail address: (to be used of future annual report notification) and the matter, please call: 230.00 Filing Fee & Certificate of Status & Cert	
		Miscella		6.6.6
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			Address	
		Altamonte	Springs, Fl. 327	14
			on your and any other	
		Edward Quice E-mail address: (1)	enol @gmail . com	tification)
For further infor	mation co	oncerning this matter, please ca		
Edwar	1 6	Puiceno	at 407 860 -	-0721
-	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a che	eck for the	e following amount:		
☑ \$25.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
	Address ration S		Street Address: Registration S	ection

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION UNLIARY OF STATE OF OF CORPORATION

21 MAR 15 PM 3: 16

Miscellane	ous Group L.L.C
(Name of the Limite	OUS Group C-L-C ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	ability Company were filed on $\frac{2/12/2021}{847}$ and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	4.15
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registe</u> s s here:
Name of New Registered Agent:	Edward Quiceno
New Registered Office Address:	Edward Quiceno 504 Heatherton VIg Enter Florida street address
	Altamonk Springs Florida 32714 City Zip Code

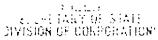
ew Registered Agent's Signature, if changing Registered Agent:

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>	Address 21 M	IAR 15 PM 3: 16	Type of Action
MGR	Edward Quiceno	504 Heath	rton Vlg	_ \(\overline{D}\) Add
	Edward Quiceno	Allumonk Sp.	rings , Fl 32714	□Remove
				□Change
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cord specifies a delayed effective of filed.	date, but not an	effective time	, at 12:01 a.m.	on the earlie	r of: (b)	The	: 90t	h day :	after the
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