## LZ1000120724

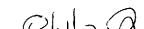
(Requestor's Name)
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
	S ROOFING LLC			
SUBJECT:				
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	YUDERCA M BARBERA			
	Name of Person			
	BUSINESS PLUS TAX SOLUTIONS INC			
	Firm/Company			
	5258 GOLDEN GATE PK	XWY STE 106		
		Address		
	NAPLES, FL 34116			
	yudy@businessplustaxes.co	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
YUDY BARBERA		239 643-9968		
Name	of Person	at () Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sc Division of Cor The Centre of T 2415 N. Monro Tallahassec, FL	porations Fallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARINA'S FREIGHT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/15/2021 and assigned Florida document number L21000120724 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MIRACLE PROPERTY HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 14941 TOSCANA WAY Enter new principal offices address, if applicable: NAPLES, FL 34120 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
MGR	JUAN ANTONIO PESCE	14941 TOSCANA WAY	≡Add
		NAPLES, FL 34120	□Remove
			Change
			□Add
			□Remove
			☐Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
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			Remove
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		<del></del>	Remove
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated .	16 1
	Signature of a member or authorized representative of a member
	KARINA A RUA
	Typed or printed name of signee

Filing Fee: \$25.00