## L21000138692

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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations				
FAB BY .	AMIRAH LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
		JAO SERVICES INC		200	
		Firm/Company		TO E	
	7802	KINGSPOINTE PKWY, SUITE 10	)1	2021 AUG -9 PH 3: 11 SEGRETARY OF STAT	
		Address		25 PH	
		ORLANDO, FL 32819		My w	
		City/State and Zip Code		严吾二	
		ERVICESINC@YAHOO.COM  to be used for future annual report noti	figation)		
For further information c	concerning this matter, please e	•			
JORGE ORDINOLA		407 226-9333			
Name o	d Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Addres Registration 9	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MIRAH LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000138692.  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited lia	annty company nere.	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		30 A T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	re address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	гір Сойе
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	— gree to act in this capacity. I further te performance of my duties, and I is s provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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	Type of Action
MGR	AMIRAH KHAN	8492 LEELAND ARCHER BLVD	□Add
		ORLANDO, FL 32836	□Remove
			<b>□</b> Change
			□Add
			SECRETARY OF STATE
			PRA3: 1 Lemove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:					
te: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records.		requirements, this	date wi	l not be	listed as
ecord specifies a delayed effective date, but not an effective tiled.	me, at 12:01 a.m. o	n the earlier of: (b)	The 9	0th day	after the
5TH OF AUGUST 2021	/				
A. M	·				

Typed or printed name of signee