## 121000161582

(Requestor's Name)	
(Address)	900365
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/29/21
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
SUBJECT:	mi Rental Po	arties LLC nited Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter	-	
	Mirdelec	Louis-Jeune Name of Person	2
		tal Parties II	2021 APR 29 PM 3: 06 5-CRETVIN SEE: FL
	650 NE	137 <sup>th</sup> Sl Address	9 PH 3:
	North Miami	FL 33161 City/State and Zip Code	D6
	Mimipartyre 12 mail address: (	ntals@amail.com	cation)
For further information e	oncerning this matter, please c	all:	
Mirdelle Loui		at ( <u>786</u> ) 30 6 -	Telephone Number
Enclosed is a check for th	e 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 Address Registration S Division of Co	ection orporations	Street Address: Registration Sec Division of Corp	orations
P.O. Box 632 Tallahassee, F		The Centre of Ta 2415 N. Monroe	illahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Mimi Kental Partie		<del></del>
( <u>Seame of the Limited Liability Comp</u> e (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000161582</u> .	were filed on <u>04/16/203</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Mimi's Events & Ren	Hals LLC	
The new name must be distinguishable and contain the words "Limited Liabi		he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1311 NE 1465t	202
(Principal office address MUST BE A STREET ADDRESS)	North Miami F	L- 331617
		72
Enter new mailing address, if applicable:	1311 NE 1465t	SSEE S
Mailing address MAY BE A POST OFFICE BOX)	North Miami Fr	三3361
3. If amending the registered agent and/or registered office a sgent and/or the new registered office address here:	address on our records, enter the r	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
The state of the s		

New 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 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>	<u>Address</u>	Type of Action
			\ \_Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change PR
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		Remove Ochange	
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 0 E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.