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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Micheaux Group Lhe 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:
Blair S. WALKER Name of Person
The Micheaux Group LLC Firm/Company
180 NW 88th STREET
Miami, FL 33150 City/State and Zip Code RCKLAWBS & aclo Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
BLAIR S. WALKER at (305) 572-1333 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ Certified Copy

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

The Micheaux Group LLC29 At 6:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(א דוטונטג וגו	miled Blabiney Company?	<i>₽.</i>
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	··	 -
B. If amending the registered agent and/or registered o	ffice address on our records, ent	ter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
	City	Zip Code

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 = Aut	thorized Member		
<u>Title</u>	Name	Address 29 AH 6: 51	Type of Action
AMBR	BLAIR S. WALKER	- 180 NW 88 HL'STREET Miami, FL 33150	Add
			□Remove
			Change
AMBR	FELICIA LOPEZ-W	ALKER 180 NW 88th STRE Miami, FL 33150	ElixAdd
			□Remove
			□Change
			□Add
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date. Note: If the date inserted in this block does not meet the applicable state occurrent's effective date on the Department of State's records.	of filing or more than atutory filing requi	(optional) 90 days after tiling.) Pursuant to ements, this date will not be	605.0207 (listed as t
record specifies a delayed effective date, but not an effective time, at d is filed.			after the
ated September 24 2021			
13lan S. Walker Signature of a member or authorized re			_
Blair 5. Walker Typed or printed name	presentative of a mer	ioci	

Filing Fee: \$25.00