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SECRETARY OF STATE TALLABASSEE FLORID

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COVER LETTER

TO:

TO: Registration Se Division of Cor					
	GISTICS LLC				
SUBJECT:	Name of Limi	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	LIVAN PAMPILLO				
		Name of Person			
	SMART ACCOUNTING S	SOLUTIONS INC		<u> </u>	
		Firm/Company		- 1022 9EC	
	6009 S ORANGE AVE, U	NIT 6021A		2022 JUN 30 Secretary Allabasse	
		Address		_885 30 L	
	Orlando, FL 32809			130 AMII: 38	
		City/State and Zip Code		: 3	
	4SMART.ACCOUNTING@	DGMAIL.COM o be used for future annual report notifi	ention)		
For further information c	oncerning this matter, please ca		eanon)		
LIVAN PAMPILLO	•	407 2034593			
Name o	f Person	Area Code Daytime	Telephone Numb	ocf	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	tion		
Division of C	Corporations	Division of Corp	ocrations		
P.O. Box 632 Tallahassee.		The Centre of Ta 2415 N. Monroe		810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIKY LOGISTICS LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	rds.)
The Articles of Organization for this Limited I Florida document number 1.21000318187	Liability Compar	ny were filed on 07/12/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the <u>limited</u> lia	ability company here:	
MIKY 911 LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	202 2
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	 	
			<u> </u>
Enter new mailing address, if applicable:		N/A	Y OF ST
(Mailing address MAY BE A POST OFFICE BOX)			ORIDE 36
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addı	ess
		,, !	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 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
		N/A	□Add
			□Remove
			□Change
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			<u>≅</u>
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		5/24/2022		lam	*:	
fective date, if other than the d an effective date is listed, the date must be	e specific and cann			ore than 90 days aft		
ote: If the date inserted in this bloc ocument's effective date on the Dep			statutory filing	requirements, th	his date will not	be listed
•						
record specifies a delayed effective	date, but not an e	ffective time.	, at 12:01 a.m. c	on the earlier of:	(b) The 90th d	lay after th
is filed.						
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June 24th ated)22 ————				
	7	-P: _	> 1	_		
	/					
	ignature of a memb	er or authorize	a representative	of a member		

Filing Fee: \$25.00