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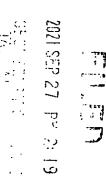
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Mil	COSAS BALLO Name of Limi	OONS MIAMI, LLC ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	MILDRED	R BLANCO Name of Person			
	MIL COSAS B	Alloons Minhi, LLC Firm/Company			
	2360 SW 3R	D AVENUE APT 1 Address			
	Miani, FC	33129 City/State and Zip Code			
		o be used for future annual report notific	cation)	2021 SEP 27 PM 2: 19 **FOLLE	, , ,
For further information of	concerning this matter, please ca	dl:		EP 27	e.,
MILDRED Name	R BLANCO	at (786) 818-2 Area Code Daytime	639 Telephone Number		د . ود ،
		•	·	19 No. 19	_
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 C	of Status &	
Mailing Addre Registration		Street Address: Registration Sec	tion		
Division of C P.O. Box 633	Corporations	Division of Corp The Centre of Ta	orations		
1 .O. DOX 03.	۷ ا	THE COME OF TE	MIGHIGORO		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mil Cosas Ballo (Name of the Limited Lia	ability Company as it now appears on our records.) lorida Limited Liability Company)	
	By Company were filed on $OS/07/2021$ and assigned 22 .	
The new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	co	_ }~
(Principal office address MUST BE A STREET AD	DDRESS)	# #
		- [`}
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	_
B. If amending the registered agent and/or registered agent and/or the new registered office address her	tered office address on our records, <u>enter the name of the new registers:</u>	ered
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
_	City Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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
MGR	MILDRED R BLANCO	2360 SW 3RD AV, APT 1, HIGHIFL 33129	, □∧dd
			Remove
			□Change
AMBR	MILDRED R BLANCO	2360 Sw 3rd AV, APT 1 HIAHI 7233129	_ XAdd
			□Remove
			□Change
			<u>.</u> 23 □ A44
		<u></u>	Add SEP TO THE CONTROL OF THE CONTRO
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than tee: If the date inserted in this block does not meet the applicable statutory filing requicument's effective date on the Department of State's records.	(optional) 90 days after filing.) Prements, this date wi	ursuant to) 605.0207 : listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cis filed.		λ0th day	after the
ated SEPTEMBER 17, 2021			
Midned R Blanco Signature of a member or authorized representative of a me	ember		_

Filing Fee: \$25.00