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Ch 5/14/2012

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

 -	Name of Lim	ited Liability Company	.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Darieli Garcia			
		Name of Person		
	MIAMI GLOW CO. LLC			
		Firm/Company		
	24860 sw 116 ave			
		Address		
	Homestead, FL 33032			
		City/State and Zip Code		
	darieli_garcia@yahoo.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	fication)	
Darieli Garcia		305 804-3677		
Name o	f Person	at ()	e Telephone Number	
		•	,,	
inclosed is a check for th	ne 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 Addres		Street Address:	·	
Registration S Division of C		Registration Se		
P.O. Box 632		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MIAMI GLOW CO. LLC		2022 APR LL AH 10:	0.0
(Name of the Limited Liability (A Florida L	Company as it now appear		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22000011416</u>		TALLA AUSEE, E	ME L d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	here:	
MIAMI BRO	NZED LIFE LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ess)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	r records, <u>enter the name of the new re</u>	 gistere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	lorida street address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance o ent as provided for in	of my duties, and I am familiar with an Chapter 605, F.S. Or, if this documer	nd

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
AMBR	Daisy Diaz	8401 NW 8th St, Apt 209	□Add
		Miami, FL 33126	_
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
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			Change
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ective date, if other than the effective date is listed, the date is	ust be specific and canno	t be prior to date	of filing or more than	(optional) 190 days after filing.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the	block does not meet th	ie applicable sta	itutory filing requ	rements, this date	will not be listed a
	-				
cord specifies a delayed effec	ive date, but not an eff	fective time, at	12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
i filed.					•
3/31/	202))			
ed	·				
Killing	e Commission				
N	Signature of a membe				