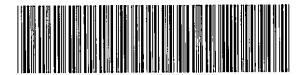
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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		•	
	MADE IN JAP	AN DORAL LLC	,	
SUBJECT: '	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	EN	NIO MANNELLA	_	_
		Name of Person		-
	MADE IN JAPAN DORAI	LLC		
		Firm/Company		_
	4070 LAGUNA STREET			202 SE
		Address		729 %
	CORAL GABLES, FL 33	146		C23FEB -9
		City/State and Zip Code		- , (-1)
	emannella@me.com			
	E-mail address: (to be used for future annual report not	fication)	300
For further information of	concerning this matter, please ca	ali:		:
ENNIO MANNELLA		786 2513229		
		at ()	<u> </u>	
Name o	of Person	Area Code Daytim	e Telephone Numbe	r
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	ite of Status &
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI.	porations fallahassee e Street, Suite 8	310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comp 1.22000044819 Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	ability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		를 뻔 :1_
(Principal office address MUST BE A STREET ADDRESS	2	
		10 co
Enter new mailing address, if applicable:		그는 요
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the n</u> ame	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	P1' 1	
	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MADE IN JAPAN DORAL, LLC

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>	Address	Type of Action
AMBR	ENNIO MANNELLA	8800 SW 112 ST, MIAMI, FL 33176	
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			Remove
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Effective date, if other than the date (of filing:			(optional)		
If an effective date is listed, the date must be spender. If the date inserted in this block do	es not meet the ap	plicable statutory	g or more than 90 day r filing requiremen	's after filing.) Purs ts, this date will	uant to 60 not be lis	15.0207 sted as
document's effective date on the Departm	ent of State's reco	ords.				
e record specifies a delayed effective date, ed is filed.	but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90t	h day aft	er the
FEBRUARY 01	2023					
Dated	11.	·				
	/					

Typed or printed name of signee