LZZ000129081

(Requestor's Name)
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PICK-UP WAIT MAIL
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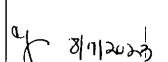
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COVER LETTER

TO:	Registration Se Division of Cor		;	I
cup u	MIJO 151 I			
SUBJĖ	СТ:	Name of Lim	ited Liability Company	,
The end	closed Articles of	Amendment and fec(s) are sub	mitted for filing.	ſ
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JORGE KUPFERMAN		
			Name of Person	
			Firm/Company	
		2320 HOLLYWOOD BLV		
			Address	<u> </u>
		HOLLYWOOD FL 33020		
			City/State and Zip Code	
		NIURKA@MIAMILIFERI	EALTY.COM to be used for future annual report no	wiff action)
For furt	her information co	oncerning this matter, please o		omeanon
	KUPFERMAN		786 306-7308	
	Name of	Charan	at ()	ime Telephone Number
	Name of	reison	Area Code Dayt	mie Teiephone Nutubei
Enclose	ed is a check for th	ne following amount:		
■ \$25	5,00 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)
				1
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations
			Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIJO 151 LLC

company has been notified in writing of this change.



2023 JUH 22 AM 7: 23

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/15/2022}{1}$ and assigned Florida document number $\frac{L2200}{L29081}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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>	<u>Address</u>	Type of Action
MGR	NIKOLAS FRANZ	2320 HOLLYWOOD BLVD	■Add
		HOLLYWOOD FL 33020	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change

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Typed or printed name of signee