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A. BUTLER SEP - 1 2022

COVER LETTER

TO:

Registration Section Division of Corporations

eur inger.	MIAH	OME SIX LLC			
SUBJECT:	Name of Lim	ited Liability Company	i		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		ARIADNA OJEDA			
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
		AYUDA CENTER			
	Firm/Company				
		Address MIAMI, FL 33155			
		City/State and Zip Code			
AOJEDA@AYUDACENTER.COM					
	E-mail address: (to be used for future annual report no	otification)		
For further information e	oncerning this matter, please e	all:			
ARIADNA OJEDA		305 971-	5232		
Name o	f Person		me Telephone Number		
Enclosed is a check for the	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 Registration S	Section	Street Address: Registration S			
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	MIAHOME SIX LLC	2022 JUN 14 AM 10: 30
(Name of the Lis	Mited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	2022 JUN 14 AM 10: 30 CON OUR RECORD OF STATE O4/07/2022 and assigned
Florida document numberL22000167533	·	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the	c words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	E BOX)	
B. If amending the registered agent and/o agent and/or the new registered office add		cords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Flori	da street address
	<i>(**,</i> **)	, Florida
	City	/in t ixte

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 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	ROBERTO VARGAS PALMA		□ Add
		3732 OAK RIDGE LANE, WESTON, FL 33331	= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			(Chance

	
	05/00/2022
ffective date, if other than the	date of filing: (optional)
an effective date is fisted, the date must of the date inserted in this bloom	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the De	epartment of State's records.
record specifies a delayed effective Lis filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MAY 9TH	2022
- 	Minust
	Signature of a member or authorized representative of a member
	DIONISIO I GARCIA FLUXA
	Typed or printed name of signee

Filing Fee: \$25.00