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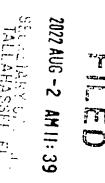
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to I	Filing Officer:			
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			•
eum ir		GROUP LLC ·	•	•
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ondence concerning this matter t	to the following:	
		MARIA ISABEL SIERRA	TOBON	
			Name of Person	
			Firm/Company	
		3701 N. COUNTRY CLUB	3 DR, APT, 1709	
			Address	
		MIAMI, FL 33180		
		mariasierralifestyles@gmail	City/State and Zip Code	
		= :	o be used for future annual report notification	ation)
For furt	her information c	oncerning this matter, please ca	11:	
MARIA	ISABEL SIERR	RA TOBON	786 878-0767	
	Name o	f Person		elephone Number
Enclose	d 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 Registration 5		Street Address: Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Authentis-gri ID. 481C9AC8-F00D-ED11-A1F9-000D3A1ECAA7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 AUG-2 AMII: 39

MISAMA GROUP LLC

(Name of the Lit	mited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	TALEAHASSEE, FL
The Articles of Organization for this Limited Florida document number L22000240847	Liability Company were filed on 05/24/2022	
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the designation "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/or agent and/or the new registered office add	r registered office address on our records, <u>enter the</u> ress here:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
	City	Zip Code

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.

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
MGRM	MARIA ISABEL SIERRA TOBON	3701 N. COUNTRY CLUB ROAD	
		MIAMI, FL 33180	□Remove
			□Change
MGRM	ANDRES HIDALGO	3701 N. COUNTRY CLUB ROAD	□Add
		MIAMI, FL 33180	□Remove
			≡ Change
			□Add
			□Remove
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E. Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	the date must be specific of in this block does no	and cannot be prion to meet the application.	cable statutory fi	r more than 90 days afti			
f the record specifies a delay ecord is filed.	ed effective date, but r	not an effective	time, at 12:01 a.i	n. on the earlier of: ((b) The 90th da	y after tl	he
	JULY 26	2022	·				
Dated							

Filing Fee: \$25.00

Typed or printed name of signee