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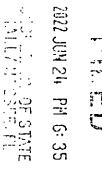
(Requestor's Name)
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A. BUTLER SEP 16 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	MIRI CARS LLC		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PATRICIA POLLARI		
		Name of Person	
	ADVANCE FINANCIAL	SERVICE	
		Firm/Company	
	3924 CORAL RIDGE DR	IVE	
		Address	
	CORAL SPRINGS, FL 33	065	
	•	City/State and Zip Code	 <u>-</u>
	patricia1040tax@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
PATRICIA POLLARI		954 255-3848 at ()	
Name o	f Person		e Telephone Number
Enclosed 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 Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRI CARS LLC

2022 JUN 24 PH 6: 35

(Name of the Limited Liagility Compa (A Florida Limited	Liability Company)	on our records.)
	i i i	Albania a Un STATE Trafficación de de
The Articles of Organization for this Limited Liability Company	were filed on $\frac{6/8/20}{1}$	022 = 0711 PREFIT and assigned
The Articles of Organization for this Limited Liability Company Florida document number 1.22000251811		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LEC" 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 agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		 -
New Registered Office Address:		
	Enter Florida	i street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2	
I hereby accept the appointment as registered agent and agr	ee to act in this cap	pacity. I further agree to comply with the

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	AHMED REKIK	325 S BISCAYNE BLVD, #3213	■Add
		MIAMI, FL 33131	□Remove
			□ Change
			□ Add
		<u></u>	□Remove
			Change
.			
		<u></u>	□Remove
			Change
			☐Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

f amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Vata	(aptions). (aptio
he rec ord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d_06/14/2a2Z.
	Signature of a member or authorized representative of a member
	FAIEZ BEJJAR