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COVER LETTER

Registration Section

TO:

Division of Co	rporations		•		
CUBIECT.	MIAMI I	ESTATES, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresponder	ondence concerning this matter	to the following:			
	1	MARIA EUGENIA BIEBERACH			
		Name of Person	****		
	Maria	2. Bieberach	·		
		Firm/Company			
5494 NW 94TH					
	Address				
		DORAL, FL 33178	22 SEP 13 AM11: 48		
		City/State and Zip Code			
		XES@NDCONSULTING.US			
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please concerning	all;			
MARIA EUGENIA BI	EBERACH	786 454-7859 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations		
Tallahassee,			oe Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI ESTATES, LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	07/07/2022	and assigned
Florida document number L22000303974		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> ;	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		ČIÚX SEP
		<u>.</u> 977
		₽ 300
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		94 1
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the nan	ne of the new regis
Name of New Registered Agent:	.,. == .=	
New Registered Office Address: Enter F	lorida street address	
	. Florida	
City	, 1 101144	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.

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
AMBR	MARIA EUGENIA BIEBERACH	5494 NW 94TH DORAL PL	
		DORAL, FL 33178	□Remove
			■ Change
4.8			□Add
			□Remove
			□Change 22 ShAdda
			<u>교</u> 원판
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			□Remove
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<u></u>			□ Add
			□ Remove
			Channe

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