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(Ad	ldress)	<del>.</del>
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(Cit	ty/State/Zip/Phone	#)
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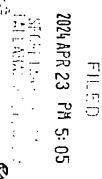
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## **COVER LETTER**

Registration Section

TO:

Division of	Corporations		
	NATURAL FOOD LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Cristian Gonzalez		
	<del></del>	Name of Person	·
	Miah Natural Food LLC		
		Firm/Company	
	8200 NE 2nd Ave Ste 1		
		Address	
	Miami- FL 33138		
		City/State and Zip Code	
	mialogistic@gmail.com E-mail address:	(to be used for future annual report no	tification)
For further information	on concerning this matter, please of	•	
Cristian Gonzalez		786 320-07 07	
Nar	ne of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e S30.00 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)
	on Section of Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box ( Tallahasse	6327 ee, FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAH NATURAL FOOD LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000383608	pany were filed on 08/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
TREINPRO LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" on the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	23 π 23 π
Enter new mailing address, if applicable:		P# 5: 0
Mailing address MAY BE A POST OFFICE BOX)		<u>6</u> , <u>2</u> , 2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	, Flo	o <b>rida</b> 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			F3Cl

	·
(If an el : <u>Note</u>	ve date, if other than the date of filing:  (optional)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
ne reco ord is f	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 ed.
	04/19/2024
Dated	
Dated	Oushow Journal 2
Datec	Signature of a member or authorized representative of a member

Filing Fee: \$25.00