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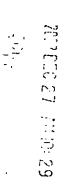
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COVER LETTER

Registration Section Division of Corporations

TO:

| M&L MIA | LLC | | |
|-----------------------------|--|--|--|
| SUBJECT: | | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Monica Villegas | | |
| | | Name of Person | |
| | M&L MIA LLC | | |
| | - | Firm/Company | |
| | 4745 NW 84TH CT, Unit 2 | 22 | |
| | | Address | |
| | Miami, FL 33166 | | . <u>.</u> |
| | moniandlu@gmail.com | City/State and Zip Code | Lo |
| | - | to be used for future annual report not | fication) |
| For further information of | oncerning this matter, please c | all: | incation) |
| Monica Villegas | | 309 533-2091 | φ |
| | | at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&L MIA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4745 NW 84TH CT, Unit 22 Enter new principal offices address, if applicable: Miami, FL 33166 (Principal office address MUST BE A STREET ADDRESS) 4745 NW 84TH CT, Unit 22 Enter new mailing address, if applicable: Miami, FL 33166 (Mailing address MAY BE A POST OFFICE BOX) (5-5) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

Enter Florida street address

_, Florida __

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| tive date, if other than the | date of filing: | (optional) 3 or more than 90 days after filing.) Pursuant to 605.02 |
| : If the date inserted in this blo | ck does not meet the applicable statutory | filing requirements, this date will not be listed |
| ment's effective date on the De | partment of State's records. | |
| 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. | and the motion of the control of the | in the carrier of (b) The your day after the |
| December 16th | 2022 | |
| d | · · · · · · · · · · · · · · · · · · · | |
| | 4 | |
| | Min Vi War Signature of a member or authorized represent | |