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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIA HV LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aldo Hamed Tokashiki
Name of Person

MIA HV LLC
Firm/Company

3015 Marta Cir Apt 205
Address

Kissimmee FL 34741
City/State and Zip Code

aldohamedo@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aldo Hamed Tokashiki at (689) 226 0581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 8
Tallahassee, FL 32303

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Dated April 02, 2024

Aldo Haneda Tokashiki
Typed or printed name of signee

Filing Fee: \$25.00