Florida Department of State

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From:

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Account Number : I19990000017

Phone

: (305)485-9300 : (305)485-1098

Fax Number

**Enter the email address for this business entity to be used for future

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Email Address:_

LLC AMNU/RESTATE/CORRECT OR M/MG RESIGN MIGANADOUSA, LLC.

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JAN 23 2023 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGANADOUSA, LLC.

. (Name of the Limite	A Florida Limited	any as it now appears on Liability Company)	our recarus.)					
The Articles of Organization for this Limited Li	ability Company	were filed on <u>01/04/2</u>	023	8	ind ass	igned		
Florida document number L23000002888	<u> </u>							
This amendment is submitted to amend the follo	wino:							
						,		
A. If amending name, enter the new name of	the limited llal	oility company here:						
N/A		91	erica "I I C" acab	a abbassia	tion "T	I.C."		
The new name must be distinguishable and contain the wo	ords "Limited Liab!		anon UUC orth	e applevia		D.C.		
Enter new principal offices address, if applica	able:	N/A		<u>:</u>	2023			
(Principal office address MUST BE A STREE	T ADDRESS)			-				
					<u>4</u>			
				•	0	言語で		
Enter new mailing address, if applicable:		N/A			<u></u>			
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			<u> </u>	<u> </u>			
				:				
B. If amending the registered agent and/or reagent and/or the new registered office addres : Name of New Registered Agent:	egistered office s here: N/A	address on our recor	ds, <u>enter the n</u>	ame of t	he nev	v registered		
New Registered Office Address:		Enter Florida s	r eet address					
		City	, Florida		Code			
: New Registered Agent's Signature, if changing R	legistered Agent	:						
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this is.	d agent and ago or and complete stered agent as registered office	ree to act in this capa performance of my provided for in Chap	duties, and 1 a eter 605, F.S. (m famiti Or, if thi	iar wii s doci	n ana iment is		
	If Cha	inging Registered Agent.	Signature of New	Register	d Agen	t		

If amending Authorized Person(s) authorized to manage, enter the fifle, name, and address of each person heing added or removed from our records:

MGR = Manager

MOK -	Stanager	
AMBR =	Authorized	Membe:

<u>Title</u> <u>Name</u>		Address	Type of Action			
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		HIALEAH, FL 33018	■Remove			
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JA1 ted	NUARY 17			2023	·					
-			Signature of a	a member or a	suthomzed re	presentative o	f a member			

150. 07/04

41/ EA/ EAFA 11: AGUM 0004001000