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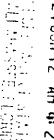
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COVER LETTER

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 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mig Mamt	600 p 120		_	
	Company as it dow appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on 1141202	3 and	lassigned	
Florida document number <u>L23000011031</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:			
	and the second control of the second control			
The new name must be distinguishable and contain the words "Limited	Liability Company, the designation TLLC or the	aboreviation	2	
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>	
Principal office address MUST BE A STREET ADDRES	<u> </u>		<u></u>	
		: ' ' '	2 :-	
				,
Enter new mailing address, if applicable:		337	~	
(Mailing address MAY BE A POST OFFICE BOX)		D = 1	ယိ	
•				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the n</u>	ame of the	<u>new regi</u>	stered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	Zip C	ode	

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 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
AMBR	Mauricio totero	305 Bocapio Unit 1101 Michael 193131	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			□Remove
			□Change
MBR	Mariam Fassi	HIGMIJF 3313,	2 Krygg
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			Changa

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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·**	
 .	
f an effective d Note: If the	te, if other than the date of filing:
record speci d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	05/14/2024
_	Signature of a member or authorized representative of a member
	Nicolas Vicente
_	Typed or printed name of signee



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Detail by Entity Name

Florida Limited Liability Company MIA MGMT GROUP, LLC

Filing Information

Document Number

L23000011021

FEI/EIN Number

NONE

Date Filed

01/04/2023

Effective Date

01/04/2023

State

FL

Status

ACTIVE

Principal Address

300 S BISCAYNE

UNIT LL02

MIAMI, FL 33131

Mailing Address

300 S BISCAYNE

UNIT LL02

MIAMI, FL 33131

Registered Agent Name & Address

VICENTE, NICOLAS

300 S BISCAYNE

UNIT LL02

MIAMI, FL 33131

Authorized Person(s) Detail

Name & Address

Title MGR

VICENTE, NICOLAS

300 S BISCAYNE, UNIT LL02

MIAMI, FL 33131

Title MGR

SOTO, KARLA

300 S BISCAYNE, UNIT LL02

MIAMI, FL 33131