Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future $\frac{1}{12} \mathcal{G}_{i}^{i}$ annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J MIRALIEN LLC

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Page Count	04
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Help MAR 0 4 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J Miralien LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	1 100
The Articles of Organization for this Limited Liability Company	were filed on 01/05/23	and assigned
Florida document number L23000012599		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	503 E Elm St	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33604	
Enter new mailing address, if applicable:	503 E Elm St	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33604	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nan	ne of the new registered
•		
New Registered Office Address:	Enter Florida street address	2 [2
	. Florida	Zip Cods
New Registered Agent's Signature, if changing Registered Agent:		 ယ
I haveby assembly approintment or registered again and again	an to and in this noncoite I foother a	maa ta manahi mida da

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>	<u>Name</u>	Address	Type of Action
AMBR	Joseph, Rolland	503 E Elm St	X\Add
		Tampa, FL 33604	∏Remove
			□Change
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
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D. If amending any other inform			•	
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applica	to date of filing or more than 9 able statutory filing require	(optional) 0 days after filing.) Pursuant ments, this date will not b	to 605.0207 (3)(to be listed as the
f the record specifies a delayed effective ecord is filed.	e date, but not an effective tir	nc. at 12:01 a.m. on the ca	rlier of: (b) The 90th day	y after the
Dated March 2		<u> </u>		
Nat	Signature of a member or autho	rized representative of a mem	ber	
Nat Smith				
- Tat Office	Eyped or printe	d name of signee		

Filing Fee: \$25.00