

L23 0000 25972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

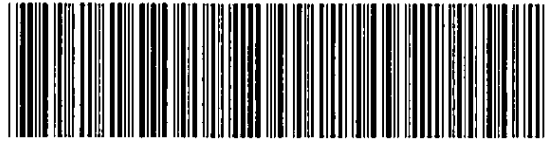
(Business Entity Name)

(Document Number)

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01/29/24--01011--011 **25.00

2024 JAN 29 AM 9:05
11:00 AM
11:00 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIGUEL BENJAMIN LEONARDO CHRISTOPHER JACOB DANIEL MAVERICK NIKE

 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:

YEELY CHUNER JIANG

Name of Person

Firm/Company

190 NW 151 AVE

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

TAXFL88@GMAIL.COM

E-mail address: (to be used for future annual report notification)

2011 JUN 29 AM 9:05
 RECEIVED
 CORPORATION DIVISION
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

YEELY CHUNER JIANG 954 805-9788
 _____ at (_____) _____
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 810
 Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIGUEL BENJAMIN LEONARDO CHRISTOPHER JACOB DANIEL MAVERICK NIKHIL LOPEZ I

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/12/2023 and assigned
Florida document number L23000025972.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

Enter Florida street address

Florida

City

Zip Code

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SU, ZHI QUAN	190 NW 151 AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YEEKLY CHUNER JIANG	190 NW 151 AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2024 JAN 29 AM 9:05
 STATE OF FLORIDA
 DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: 01/23/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 01/23 2024

Signature of a member or authorized representative of a member

YEELY CHUNER JIANG

Typed or printed name of signee