

L23000096166

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
OCT 17 PM 3:40
DIVISION OF CORPORATIONS
FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIMI @ 18HUNDRED LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MiMi @ 18Hundred LLC

(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 02/22/23 and assigned
Florida document number L23000096166

This amendment is submitted to amend the following:

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

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)

2801
N
W
1
ST
APT
101
MIAMI
FL
33136

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2801
N
W
1
ST
APT
101
MIAMI
FL
33136

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:

Enter Florida street address

CityFloridaZip 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 | Bermudez, Jose | 7901 4th St N STE 300 | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33702 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Guerrero, Melissa | 7901 4th St N STE 300 | <input checked="" type="checkbox"/> Add |
| | | St. Petersburg, FL 33702 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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