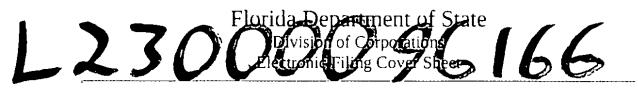
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003633273)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:\_\_\_



## 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 |

Electronic Filing Menu Corporate Filing Menu

Help

10/17/2023 12:32:12 PDT

To: 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax. 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MiMi @ 18Hundred LLC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appears on our reconability Company)        | ords.)   |
| The Articles of Organization for this Limited Liability Company  | were filed on <u>02/22/23</u>                            | 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 liabi   | llity company here:                                      |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company." the designation "Ll                        | _  |
| Enter new principal offices address, if applicable:  |  | 7.6%   |
| (Principal office address MUST BE A STREET ADDRESS)  |  |  |
| The party of the and the state of the state of   |  | -  |
|  |  |  |
| Enter new mailing address, if applicable:  |  | ÷  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  | •  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:   | ddress on our records, <u>ent</u>                        | er the name of the new register                            |
| New Registered Office Address:   |  |  |
|  | Enter Florida street addi                                | 7(3)   |
|  | . 1  | Florida  |
|  | Ciţ  | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | performance of my duties,<br>provided for in Chapter 605 | and I am familiar with and 5. F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

10/17/2023 12.32:12 POT

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

## 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 |
|--------------|-------------------|--------------------------|----------------|
| MGR          | Bermudez, Jose    | 7901 4th St N STE 300    | 🗹 Add          |
|              |                   | St. Petersburg, FL 33702 | □Remove        |
|              |                   |                          | Change         |
| MGR          | Guerrero, Melissa | 7901 4th St N STE 300    | ÐAdd           |
|              |                   | St. Petersburg, FL 33702 | □Remove        |
|              |                   |                          | ☐ Change       |
|              |                   |                          | □Add           |
|              |                   |                          | □Remove        |
|              |                   | ☐Change                  |                |
|              |                   | □Add                     |                |
|              |                   | □Remove                  |                |
|              |                   | □Change                  |                |
|              |                   | □Add                     |                |
|              |                   | ☐Remove                  |                |
|              |                   |                          | □Change        |
|              |                   | □Add                     |                |
|              |                   | □Remove                  |                |
|              |                   |                          | □Change        |

To: 18506176383

| O. If amending any o                      | ther information, e    | enter change(s) her    | e: (Attach additiona      | al sheets, if necessary.)  |  |
|---|------------------------|------------------------|---------------------------|--|--|
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|   |                        |                        |                           |  |  |
| Note: If the date ins                     | erted in this block do | of filing:             | table statutory filing re | (optional) (than 90 days after filing.) Purequirements, this date will | suant to 605,0207 (3)(Finot be listed as the |
| f the record specifies a decord is filed. | clayed effective date. | but not an effective t | ime, at 12:01 a.m. on     | the earlier of: (b) The 90   | th day after the                             |
| Dated October 17                          |                        | 2023                   |                           |  |  |
| Dated October 17                          | illia<br>Kitok jetoket |                        |                           |  |  |
| <u></u> `                                 | 1                      |                        |                           |  |  |

Typed or printed name of signee