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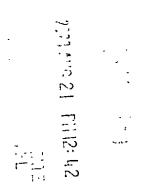
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Decree and Musels and
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ูฟนกอ 2. 2023

IVANA G DEMARCHI MCI COMPANY LLC 951 BRICKELL AVE APT 4100 MIAMI, FL 33131 US

SUBJECT: MCI COMPANY LLC Rol. Number: L23000122763

We have received your document for MCI COMPANY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days of your filling will be considered abandoned.

II you have any questions concerning the filling of your document please call (850) 245-6050.

Antoinette A Gonzalez , Regulatory Specialist II

Letter Number: 323A00012511

Pech 12003

COVER LETTER

TO: Registration: Division of Co			
MCI CO:	MPANY LLC		
SOBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	IVANA G DEMARCHI		
		Name of Person	
	MCI COMPANY LLC		
		Firm/Company	
	951 BRICKELL AVE AF	PT 4100	<u>-</u>
		Address	
	MIAMI, FLORIDA 3313	I	•
		City/State and Zip Code	
	ivanad_47@hotmail.com		
		(to be used for future annual report not	fication)
For further information	concerning this matter, please of	call;	* : ;
IVANA G DEMARCH	!	786 8744143	1
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address:	
Division of (Registration Sec Division of Cor	
P.O. Box 63:	27	The Centre of T	allahassee
Tallahassee,	rt 52514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCI COMPANY LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I	Liability Company	y were filed on 03/08/20:	23 and assign	ned
lorida document number 1.23000122763	·		<u> </u>	
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name (of the limited lial	pility company here:		
S/A				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designati	on "LLC" or the aboreviation "L.L C	:
nter new principal offices address, if appli	N/A			
Principal office address MUST BE A STREET ADDRESS)			·	
				, <u>> </u>
nter new mailing address, if applicable:	N/A		_ 	
Mailing address MAY BE A POST OFFICE BOX)			,	<u>.</u>
			: -:-	<u>ن:</u>
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office ess here:	address on our records	, enter the name of the new r	egis
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida stre	et address	
	N/A		Florida N/A	
		City	Zıp 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>	Name	Address	Type of Action
MGR	IVANA G DEMARCHI	951 BRICKELL AVE APT 4100	⊒ Add
		MIAMI, FL. US 33131	□Remove
			Change
N/A	N/A	N/A	□Add
			□Remove
			□Chaṇge
N/A	N/A	N/A	DAdd-g
			 □Remove
			□Change,3
N/A	N/A	N/A	DAdd 5
			□Remove
			□Change
N/A	N/A	N/A ————————————————————————————————————	□Add
			□Remove
			☐ Change
N/A	N/A	N/A	
			□Remove

	ne name and address of person authorized to manage LLC:
Ti	tle: MGR
IV	'ANA G DEMARCHI
95	BRICKELL AVE APT 4100
M	IAMI, FL. US 33131
_	
_	
roffecti <u>te:</u> [f]	e date, if other than the date of filing:
	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
cord s s filed.	
s meg.	5/19/2023
3 III€Q. ∆4	5/19/2023
) IIICU.	

Filing Fee: \$25.00