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JUL 2 4 2023



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		*
SUBJECT:	MIA GLOJA Name of Lim	し DISTRIBUT iited Liability Company	IUN LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles	Cobos Name of Person	
	MIA GLO	い <u>日Aレ <i>DISTP</i>IBにす</u> する Firm Company	IN LLC
	831v	Commerce way A	pr 256
	micm.	Lakej FC 73016 City/State and Zip Code	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please of	all:	
Checles Name o	Cubus f Person	at (<u>786</u>) <u>796</u> Area Code Daytir	-9715 ne Telephone Number
Enclosed is a check for the	**		
S25.00 Filing Fee	(L) \$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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee 1			ne Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA GLOBAL DISTRIBUTION	LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	3/21/2023	and assigned
Florida document number <u>L 23000 J4324)´</u> .		
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	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		~2
		200
		型 三
B. If amending the registered agent and/or registered office address on our	records, enter the na	me of the new register
agent and/or the new registered office address here:		SE
		二二
Name of New Registered Agent:		60.00
		5000
New Registered Office Address:	lorida street address	***
Emerr	an nu sirvet udarvsy	
	, Florida	
City		Zin 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 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
mGz	Charles Cubus	8310 Commerce WAY Apt 256	□ Add
		mien Luke, Fr 73015	□Remove
		<u></u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			GChama.

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ive (date, if o	other th	an the d	late of	filing:	3/21	1207		_ (optional) days after filing.) Pur	
ectiv It`tl	e date is li le date in	sted, the discrete in	date must: this bloc	be speci ek does	fic and ca not mee	anot be prior to at the applicab	date of filing of the statutory f	or more than 90 c iling requirems	lays after filing.) Pur ents, this date will	suant to 605. not he liste
						e's records.		5 . • 4 •	viii iii date viii	ner oo nat
d sp led.	ecifies a	delayed (effective	date, bi	ut not an	effective time	e, at 12:01 a.	m. on the earli	er of: (b) The 90	th day after
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