123000/69690

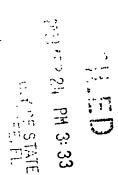
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R. HUNT D4/24/23

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	MICHEL	LE & CO. LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
	dence concerning this matter	-		
		Ricardo Mora		
	Name of Person			
MICHELLE & CO. LLC				
		Firm/Company		
	3321 S ORAN	# 233		
	Address			
	KIS	KISSIMMEE, Florida, 34746 City/State and Zip Code		
		cardomoraagent@gmail.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information co	ncerning this matter, please c	all:		
Ricardo Mon	ı	704 305-5562 at ()		
Name of	Person		ne Telephone Number	
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	S30.00 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 So Division of Co	ection	Street Address: Registration So Division of Co		
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000169690}{1.23000169690}$.	were filed on Kissimmee FL	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MICHELLE & CO. LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3321 S ORANGE BLOSSOM TRAIL	L 12
(Principal office address MUST BE A STREET ADDRESS)	Suite 233	11
	Kissimmee Fl. 34746	27 70 75
Enter new mailing address, if applicable:	3321 S ORANGE BLOSSOM TRAIL	CK OF SI
Mailing address MAY BE A POST OFFICE BOX)	Suite 233	$\neg \mathbb{R} \omega$
	Kissimmee FL 34746	· Fi W
4 If proporting the conclused agent and/or conclused alter-		
	Enter Florida street address	and of the new register
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address Florida	

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	Maria Michelle Vicenta Berninzon '		□Add
			■Change
AMBR	Maria Michelle Vicenta Berninzon ** ** ** ** ** ** ** ** **		□Add
			□Remove
			DAdd
			□Remove
			□Change
			
		<u>-</u>	□Remove
			□Change
			□Add
			□Remove
			□ Change
·			□Add
			□Remove
			□Change

I need to add the middle name Vice	inta of Mrs. Maria Michelle Bernizon Vallarino, the correct name
is Maria Michelle Vicenta Bernizor	n Vallarino
	
	
Sective date, if other than the date on effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department.	of filing:
ecord specifies a delayed effective date, is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
()4/2()	2023
	AHT_
	ure of a member or authorized representative of a member

Filing Fee: \$25.00