

L23000169690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

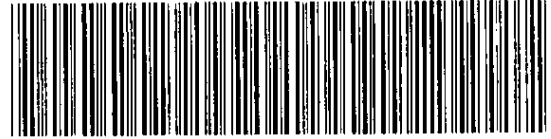
(Business Entity Name)

(Document Number)

Certific Copies _____ Certificates of Status _____

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Office Use Only



400412726144

LLC Amend

07/25/23--01018--009 **25.00

FILED
2023 OCT 10 AM 8:15
CLERK OF STATE
MONTGOMERY COUNTY

A. RAMSEY
OCT 16 2023

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2023

RICARDO MORA
MICHELLE & CO LLC
3321 S. ORANGE BLOSSOM TRAIL, STE 233
KISSIMMEE, FL 34746

SUBJECT: MICHELLE & CO. LLC
Ref. Number: L23000169690

We have received your document for MICHELLE & CO. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name at the top of the page and the name in the first paragraph is the same. If you are not trying to change the name of the LLC please remove the name in paragraph A.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 723A00019483

OCT 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHELLE & CO. LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Ricardo Mora

Name of Person

MICHELLE & CO. LLC

Firm/Company

3321 S ORANGE BLOSSOM TRIAL

Address

KISSIMMEE FL 34746

City/State and Zip Code

ricardomoraagent@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Mora

Name of Person

321 704-2969
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 OCT 10 AM 8:15

MICHELLE & CO. LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2023 and assigned Florida document number 1.23000169690.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Florida

City

Zip 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 | Maria Michelle Vicenta Bernizon V | CAL ASTURIAS NO 182 URB HIGUERETA MZ A3 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I NEED TO CHANGE THE ADDRESS FOR MARIA MICHELLE VICENTA BERNIZON VALLARINO

CAL ASTURIAS NO 182 URB HIGUERETA MZ A3 102 SANTIAGO DE SURCO LIMA LIMA

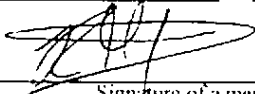
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/04 2023



Signature of a member or authorized representative of a member

Ricardo Mori

Typed or printed name of signee